Alberta Symposium on Aging - 1982

"Guidelines for the Future"

May 31 - June 3, 1982
Hotel Macdonald
Edmonton, Alberta

PROCEEDINGS FROM THE

ALBERTA SYMPOSIUM

ON AGING - 1982

"Guidelines for the Future"

Hotel Macdonald, Edmonton

May 31 to June 3

Sponsored by the Provincial Senior Citizens Advisory Council,

Alberta Social Services and Community Health

May 1983

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PART I ----- PROGRAM -----

Day 1 Monday, May 31, 1982

5:00 - 7:30 pm	REGISTRATION	Tonquin Foyer
7:30 - 9:00 pm	SYMPOSIUM OPENING	Eldorado Room
Opening Remarks	Duncan Rogers, Chairman Planning Committee Alberta Symposium on Aging - 1982	
Welcoming Addresses:	Government of Alberta Honourable Bob Bogle, Minister of Social Services & Community Health	
	City of Edmonton Bettie Hewes, Alderman	
Introductory Panel:	Dr. David Skelton Conference Chairman Introduction of Keynote Speakers and Themes	
9:00 - 10:00 pm	RECEPTION No-host bar and refreshments	Tonquin Room

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Day 2 Tuesday, June 1, 1982

9:00 - 12:00	CONCURRENT WORKSHOPS Details listed under workshop titles Note: coffee breaks will be scheduled at appropriate times during morning and afternoon workshops.	
12:30 - 2:30 pm	LUNCHEON	Tonquin Room
Topic:	*"Canadian Developments in Aging"*	
Guest Speaker:	Betty Havens, President Canadian Association of Gerontology, and Research Director of the Manitoba Department of Health	
2:30 - 4:30 pm	CONCURRENT WORKSHOPS Discussion groups	

Day 3 Wednesday, June 2, 1982

9:00 - 12:00 noon	CONCURRENT WORKSHOPS Discussion groups continued	
12:30 - 2:30 pm	LUNCHEON	Tonquin Room
Topic:	*"The Canadian Position For the World Assembly on Aging"*	
Guest Speaker:	Mireille Badour Director, Office on Aging, National Health and Welfare Ottawa	
2:30 - 4:30 pm	CONCURRENT WORKSHOPS Discussion groups continued	

Day 4 Thursday, June 3, 1982

9:00 - 12:00 noon	CLOSING SESSION Wrap-up Presentation Panel of Keynote Speakers. Closing remarks by The Most Reverend E. Scott Primate, Anglican Church in Canada.	Tonquin Room

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A. RETIREMENT POLICY AND INCOME SUPPORT
Wedgewood Room

KEYNOTE SPEAKER:	James Pesando, Ph.D. Professor of Economics University of Toronto
PANELISTS:	Robert Baldwin National Representative Research and Legislative Department Canadian Labour Congress Ottawa
	Claude Castonguay President Fonds Laurentian Quebec City
	Roberto Gualtieri Executive Director Federal Task Force on Pensions Ottawa
CO-CHAIRPERSONS:	Clive Chalkley H. Clive Chalkley Associates Calgary
	Wilf Totten Former Director Alberta Alcoholism & Drug Abuse Commission
RECORDERS:	Patricia Miller Planning Secretariat Alberta Social Services & Community Health
	Janie Lindsay Patient Care Co-ordinator Grandview Extended Care Centre Edmonton
DISCUSSION GROUPS:	A1 Wedgewood Room A2 Sample Room A

B. STRENGTHENING PERSONAL SUPPORT SYSTEMS

Jasper Room

KEYNOTE SPEAKER:	Elaine M. Brody Director, Department of Human Services, and Senior Researcher, Philadelphia Geriatric Centre
PANELISTS:	Sharon Abu-Laban, Ph.D. Associate Professor Department of Sociology University of Alberta
	Wanda Cree Information Officer Senior Citizens Bureau Alberta Social Services & Community Health
	Victor Marshall, Ph.D. Associate Professor of Behavioural Science University of Toronto
	Henry C. Simmons, Ph.D. Associate Professor of Religious Psychology Toronto School of Theology University of Toronto
CO-CHAIRPERSONS:	Maurice Miron Director National Advisory Council on Aging, Health & Welfare Canada Ottawa
	Keith Wass Former Director of the United Way, and Edmonton Social Services
RECORDERS:	Stewart Bishop President Alberta Council on Aging
	Carol Stevenson Research Officer Planning Secretariat Alberta Social Services & Community Health
DICUSSION GROUPS:	B1 Jasper Room B2 Churchill Room

C. RESEARCH AND EDUCATION

Rupertsland Room

KEYNOTE SPEAKER:

Ewald W. Busse, M.D.
Associate Provost and Dean
Duke University Medical Center
Durham, North Carolina

PANELISTS:

Lawrence A. Fisher, Ph.D.
Chairman, President's Committee on
Aging & Gerontology
University of Calgary

Gloria Gutman, Ph.D.
Co-ordinator, Gerontological Programs
Continuing Studies
Simon Fraser University

Fred McKinnon, M.A., LLD.
Director, Senior Citizens Secretariat
Province of Nova Scotia, and
Senior Research Associate
School of Public Administration
Dalhousie University

Blossom Wigdor, Ph.D
Director, Programme in Gerontology
University of Toronto

CO-CHAIRPERSONS:

Lionel McLeod, M.D.
President
Alberta Heritage Foundation For
Medical Research
Edmonton

Evelyn Shapiro
Assistant Professor
Department of Social &
Preventive Medicine
University of Manitoba

RECORDERS:

Cathy Charles, Ph.D.
Manager, Policy Analysis &
Development Section
Research & Strategic Planning Branch
Alberta Hospitals & Medical Care

Geneva Purcell
Former Director of Nursing
University of Alberta Hospital
Edmonton

DISCUSSION GROUPS:

C1 Rupertsland Room
D2 Maligne Room

D. ADVOCACY AND SELF-DETERMINATION

Edmonton Room

KEYNOTE SPEAKER:	Grant Davy, Ph.D. Professor Emeritus Department of Political Science University of Alberta
PANELISTS:	Margery Boyce Programme Gerontology Advisor Veterans Services Veterans Affairs, Canada Charlottetown, Prince Edward Island
	Mary Percy Jackson, M.D. Keg River, Alberta
	Ethel Marliss Consumer Commentator and Journalist Edmonton
	Hazel McDonald Past-President Alberta Council on Aging
CO-CHAIRPERSONS:	Mary Hill Associate Professor School of Social Work University of British Columbia
	George McClellan Former Ombudsman Province of Alberta
RECORDERS:	Don Mayne Regional Manager, Alberta Region New Horizons Health and Welfare Canada
	Rein Selles Executive Director Alberta Council on Aging
DISCUSSION GROUPS:	D1 Edmonton Room D2 Sample Room B

E. OPPORTUNITIES IN RETIREMENT — Eldorado Room

KEYNOTE SPEAKER:	Harry Moody, Ph.D. Deputy Director Brookdale Center on Aging Hunter College New York City
PANELISTS:	R.D. Bramwell, Ph.D. Calgary
	Dr. Sylvia McDonald, C.N.D. Coordinator, Retirement Centre Marianopolis College Montreal
	Elsie McFarland, Ph.D. Professor of Recreation Administration University of Alberta
	John A.B. McLeish, Ph.D. Adjunct Professor Education Theory (Adult Education) University of Toronto
CO-CHAIRPERSONS:	John Crawford, Ph.D. Director, Saskatchewan Institute on Prevention of Handicaps University Hospital Saskatoon
	Thelma Scambler Consultant Edmonton
RECORDERS:	Earl Beck Consultant Senior Citizens Bureau Alberta Social Services & Community Health
	Elva Taylor Edmonton
DISCUSSION GROUPS:	E1 Eldorado Room E2 Sample Room C

F. NEEDS AND RELATED SERVICES

Tonquin Annex

KEYNOTE SPEAKER:	Louis Skoll, M.D. Provincial Gerontologist Saskatchewan Social Services Regina
PANELISTS:	Ronald Bayne, M.D. Coordinator, Office on Aging Professor of Medicine McMaster University
	Christine Morris Department of Native Studies University of Lethbridge
	Douglas H. Rapelje Director, Senior Citizens Department Regional Municipality of Niagara
	Enid Thompson Director, Office of Continuing Care Manitoba Department of Health
CO-CHAIRPERSONS:	W.A. Backley Woods Gordon Management Consultants Toronto
	Don Milne Corporate Planner City of Edmonton
RECORDERS:	Berna J. Skrypnek, Ph.D. Strategic Planner Research & Strategic Planning Branch Alberta Hospitals & Medical Care
	Ruth R. Wolfe, M.P.H. Project Director, Project Involvement Alberta Council on Aging
DISCUSSION GROUPS:	F1 Tonquin Annex F2 Sample Room D

MEMBERS OF THE PLANNING COMMITTEE
ALBERTA SYMPOSIUM ON AGING - 1982

Duncan Rogers, Calgary - CHAIRMAN
David Archer, Edmonton
Velma Daye, Rocky Mountain House
Wilton Goodstriker, Standoff
Hazel McDonald, Calgary
David Skelton, Edmonton

Observers:

Mary Davis, Edmonton, representing the
National Advisory Council on Aging
Don Orn, representing Alberta Hospitals and Medical Care

Resource person:

Mary Engelmann, Edmonton
Alberta Social Services & Community Health

Exhibit Coordinator:

Marion MacCallum, Edmonton
Alberta Recreation & Parks

Administrative support provided by
Hayden Roberts and Kim Kopola, Faculty of Extension,
University of Alberta

THE PROVINCIAL SENIOR CITIZENS ADVISORY COUNCIL, ALBERTA

The Provincial Senior Citizens Advisory Council is appointed by the Minister of Alberta Social Services and Community Health, to advise government on specific policies and programs for senior citizens, as well as on priorities and coordination of seniors' programs.

Membership includes representatives of the public, the Alberta Medical Association, Alberta universities, the Alberta Hospital Association, senior representatives of five Alberta Government departments, and one Member of the Legislative Assembly.

SPEAKERS

Mireille Badour

Born in Quebec, Mireille Badour received her undergraduate and postgraduate education at Ottawa and McGill Universities. After teaching political science at Ottawa University for two years, she joined the staff of the Canada Council, in which she held the positions of Director of Research Grants and Director of International Relations; in the former capacity she played an important role in supporting research in gerontology. As Director of the Office on Aging, Health and Welfare Canada, she is in charge of Canadian preparations for the World Assembly on Aging to be held later this year in Vienna.

Elaine Brody

Now living and working in Philadelphia, Mrs. Brody has a B.A. from Brooklyn College of New York and an M.S.W. from the University of Pittsburgh. She has conducted over a dozen major research projects for various U.S. Federal Government agencies, such as the National Institute for Mental Health and the Administration on Aging. She has had four books published on various aspects of aging, and the list of her articles and papers on the subject extends over many pages. Mrs. Brody was the President of the Gerontological Society of America in 1980 and has been a Fellow of the Society, serving in many capacities since 1968. In 1980-81 she was consultant to the White House Conference on Aging.

Ewald Busse

Dr. Busse is currently a J.P. Gibbons Professor of Psychiatry and Associate Provost and Dean, Medical and Allied Health Education at Duke University Medical Center, Durham, North Carolina. Dr. Busse was founding director of the Duke University Center for the Study of Aging and Human Development, a position he held from 1957 to 1970. He has received a number of research and professional awards. He is the author and co-author of over 250 scientific articles, has edited several books, and is currently President-Elect of the International Association of Gerontology.

Grant Davy

Grant Davy received his B.A. in Economics at the University of Western Ontario and his Ph.D. in International Relations at the Fletcher School of Law and Diplomacy. He retired as Professor of Political Science at the University of Alberta after teaching there and at McMaster University. He is now working informally with disadvantaged people, including older alcoholics, with a view to providing alternatives to the process of institutionalization.

Betty J. Havens

Having received her undergraduate and graduate education in psychology and sociology at Lawrence University and the University of Wisconsin, she has been active in administration, research, teaching, and consultation in the field of gerontology. Besides her work with the Manitoba Department of Health, she is an Assistant Professor in Sociology and Preventive Medicine at the University of Manitoba. She has four books to her credit, and numerous papers and articles in leading journals in sociology and gerontology. She is a member of many professional associations in gerontology, and is now President of the Canadian Association of Gerontology.

Harry Moody

Harry Moody received his undergraduate education at Yale and his Ph.D. from Columbia University. Besides his position with the Brookdale Center on Aging, he is Adjunct Associate professor of Philosophy at Hunter College, City University of New York. He is Director of the National Policy Center of Education, Leisure and Continuing Opportunities of the National Council on the Aging, Washington, D.C.. He is the author of many articles on ethics, adult education, and aging.

James E. Pesando

Born in Toronto, he received his undergraduate education at Harvard, and graduate education at the University of California at Berkeley and the University of Toronto, where he is now a Professor of Economics. He is also a Research Associate of the Institute for Policy Analysis at the University of Toronto. Besides his teaching, he has published many articles in leading economic and financial journals, and has written or co-authored four books, including one entitled, "Public and Private Pensions in Canada: An Economic Analysis". He has acted as a consultant to federal and provincial governments and to a variety of organizations and companies, in matters of finance and pension policy.

Edward W. Scott

Having received his undergraduate and theological education at the University of British Columbia and the Anglican Theological College, B.C., he was ordained priest in 1943, at New Westminster. After serving in parishes in B.C. and Manitoba he was, from 1960 to 1964, Director of Social Services for the Diocese of Rupertsland. He became Bishop of Kootenay in 1966, and Primate of the Anglican Church in Canada in 1971. Dr. Scott has served as Moderator of the General Secretariat of the World Council of Churches.

Louis Skoll

Born and raised in South Africa, Louis Skoll graduated as a physician from the University of Capetown. He worked in hospitals in South Africa and Britain till 1961, when he came to Saskatchewan and took up the position of Regional Medical Health Officer. In 1968 he became Deputy Minister of Health, a position which he left at his own request in 1975 to become the first Provincial Gerontologist. He is the author of a number of reports which have been influential in bringing about change in provincial policy relating to the elderly. He was the founding President of the Saskatchewan Gerontology Association, of which he is still an active member.

PART II ----- PAPERS & GROUP REPORTS -----

OPENING SESSION

Duncan Rogers

On behalf of the Planning Committee it is a pleasure for me to extend to you all a very cordial welcome. After anticipating this evening since February of 1981 it is hard to believe that finally our work is coming to fruition. Notwithstanding the shortcomings that seem to plague every effort of this kind, and I expect will plague us, I am excited about the potential of this Symposium, and if we really put our minds to it I believe the next two days could well, in future, be deemed a milestone in the history of services to the aging in Canada.

The idea of the Symposium was first advanced publicly by Mr. Dennis Anderson, a Member of the Legislative Assembly from Calgary, and who is with us tonight. He addressed the Assembly on the subject of the aged, and reviewed some of the demographic projections and their implications both economically and socially. The Minister of Social Services and Community Health, the Honourable Bob Bogle, formed a small group to consider the feasibility of a Symposium, and subsequently the decision was made to proceed under the sponsorship of the Provincial Senior Citizens Advisory Council, and the planning committee was formed.

I should reiterate our overall objective is to do more than advance our understanding of the aged and the aging process, and their rightful place in our society (important as that is); it is to try to translate that understanding to guidelines or principles that will enable service giving agencies, public and private, to adjust rationally to the future and in harmony with these principles – whether this be in economic aspects or social aspects or both. I would ask the chairmen particularly to keep this challenge before their workshop groups.

As many of those present know, I spent almost twenty years in the employ of the Department of Social Services in Alberta and at least half of that time I was its senior administrator, but I must say, in retrospect, that the concerns of the aged were not among my priorities. I make this statement because I believe it reflects a common attitude, not only among social service providers in Canada but among Canadians generally. By providing some income support, by providing hospital medical coverage and a few other material benefits, we seem to have assumed that we have taken care of the aged. This is not said in criticism of what governments are providing, for I am one who believes that government services reflect public opinion and public attitudes, and if the aged do not enjoy their rightful place in society, it is all our fault.

I have often said there seem to be two approaches to problem situations, an intellectual approach and for want of a better word, an emotional approach. It has been my experience that until we can get a real "feel" for an issue we really do not resolve our problems, we react to them.

How a group such as the one convened here can effect this kind of public understanding I do not know. It is, I suppose, a question yet to be answered – and one of the reasons we are here.

I should mention the interest that has been shown in the idea of the Symposium. The six keynote speakers who live extremely busy lives all reacted enthusiastically when first approached by phone, and having read their keynote addresses I have some appreciation of the effort they have made in preparing these major presentations for us. Similarly the twenty-four panelists were pleased to have the opportunity to make their contributions. In fact, all approached to do anything shared a genuine interest in helping this Symposium try to accomplish something. Those invited to attend were quick to respond and we have had a most encouraging public response. The Planning Committee does want to record their appreciation to you all.

Nothing is planned following the Symposium beyond the assurance the proceedings, that is the keynote addresses, the panelists' responses and the workshop summaries by the recorders will be available in print and will be sent to all those who have registered. In Alberta, I expect the Provincial Senior Citizens Advisory Council will study the Symposium results carefully, and will be making some specific recommendations in its 1982 report to the Government of Alberta through the Minister of Social Services and Community Health.

Honourable Bob Bogle

Mr. Chairman, Alderman Hewes, panelists, honoured guests, ladies and gentlemen. It is a real privilege and pleasure to be with you today. It is another example of one of those dreams that has come true. I well recall Dennis Anderson, as a newly elected Member of the Legislature for Calgary Currie, who is responsible for this, putting forward some resolutions on the order paper wanting some action. Dennis is with us tonight, sitting in the front row. Dennis will you stand up please? Whether it is in our own private lives or business activities or government, we need people coming forward with fresh new ideas. Sometimes ideas come from new members of the team, sometimes they come from older members of the team – wherever they come from, it is always refreshing.

I would be remiss if I did not make a few general comments about the Provincial Senior Citizens Advisory Council. For those of you who may not be aware of when the Advisory Council came into existence or what it does, it is a council which was established in 1976 by my predecessor, the Honourable Helen Hunley. It is made up of 20 members. I believe we have five members from government departments, including Hospitals and Medical Care, Advanced Education and Manpower, Housing and Public Works, Recreation and Parks and Social Services and Community Health. There are also a number of professional and lay people from urban and rural Alberta, from the far northern parts of our province and from the deep south. Professional people bring the expertise which they have acquired through their various educational activities, and lay people bring wisdom and knowledge from many years of living in this province and in other parts of Canada, experiencing what life is like to be a senior citizen, or to be approaching those years. I believe there are now 65 advisory committees to the Minister of Social Services and Community Health, 38 of those are appeal committees for social assistance, the remainder are committees such as the Provincial Day Care Advisory Committee, Provincial Mental Health Advisory Committee and so on. One of these 65 committees is the Provincial Senior Citizens Advisory Council. I meet with the Council members approximately once a year, and I meet with their Chairman more regularly. They are the input to government – they are in many ways the eyes and ears of government, along with our Members of the Legislature, our government departments and other interested parties concerned with services for our aging population.

One of the first actions taken by the Council shortly after its formation was to develop a statement of philosophy. They had to have a purpose – and I know, Duncan, that you worked along with members of the Council very closely and with Helen Hunley on that statement – a statement which emphasizes the maximum of independence and choice for the individual, emphasizes continued participation in the family and in the community, and involvement of senior citizens in planning, development and assessment of services. Those are all laudable statements, and they have stood behind the philosophy; they have insisted that they be given the opportunity to make recommendations and to receive responses to briefs presented. Formally, on an annual basis, they present to the government, through this Ministry, a series of recommendations, and ongoing presentations are made to a number of departments of government and agencies of government.

I am pleased that one of our primary links with the Provincial Senior Citizens Advisory Council is the chairman of our Caucus Committee on Senior Citizens, Norm Magee, the Member of the Legislature for Red Deer. He is with us tonight (Norm, would you stand up so that everyone can see who you are). I hope I am not missing anyone who is here tonight; but I am pleased, extremely pleased and proud, that I am joined tonight by three of my colleagues because as you know our Members of the Legislature are busy in their own constituencies across the province at this time. Another Member has taken time out from her busy schedule to be with us and, notwithstanding the fact that I notice she has a cast on her leg, I would like to introduce the very busy chairman of the Health Facilities Review Committee for the province, Catherine Chichak, the Member for Edmonton Norwood. I have introduced these three individuals, ladies and gentlemen. I asked them to stand, so you can see who they are, and if you have some questions or concerns, please speak with these individuals, or with some of the other Members of the Legislature who will be joining us for parts of this Symposium over the next number of days.

There are many recommendations that have been made to government too numerous for me to go into today. I would like very briefly to highlight a couple of recommendations which have been made and acted upon. One was that the Assured Income Plan be increased, and that has been achieved very dramatically from two years ago. It has been increased from a maximum of approximately $35 to $85 per month. It has been further adjusted, effective April 1 of this year, to $95 per month. It is the highest provincial support that any province in Canada provides to its senior citizens. Other programs have been provided through government departments. Through Consumer and Corporate Affiars, action has been taken on automobile insurance policies so that volunteer drivers operating for non-profit organizations may provide transportation to seniors. Some very important initiatives have been taken in the area of Housing and Public Works where we have been conducting a study of lodges, trying to find ways of improving the quality of life for our seniors.

In the last two weeks, I have had one of the best two weeks that I have had during my seven years in government, because I spent most of that time in my constituency. I mean that sincerely because it gave me a chance to do what all of us must do; it gave me a chance to get out, meet with, speak to, and most important, listen to the points being made by constituents. I was able to visit the residents of one of the three senior citizens lodges in the constituency, and two of the four self-contained apartment blocks. One of those self-contained apartment blocks was opened two short months ago, and I was able to ask the residents who were there, "Now that you have had a chance to live in these residences, how could we have made them better? What improvements can you recommend for the next set of lodges that are built, either here or in another community in Alberta?" There were some excellent points made by the residents of those lodges. That is part of listening, that is what we all have to do, whether we are in government, whether we are part of a family or a larger community. The Department of Municipal Affairs has increased property tax rebates provided to senior citizens. Recreation and Parks now provides funding across the province for Senior Games.

I am not suggesting for a moment that our track record is impeccable, or that we have answered all the concerns or requests that have been put forward. We are on the threshold, in my view, of some very exciting initiatives in the area of home care, of helping seniors and handicapped Albertans stay in their own homes, of going beyond the present medical entry point in our coordinated home care program which is administered through the health units across this province. I also think that we have to ensure that there is a continued effort and emphasis on the coordination of planning, and on service delivery which involves senior citizens in that process.

I want to comment very briefly on your agenda, and I want to congratulate the Planning Committee very sincerely for coming up with an agenda which is as well balanced as your agenda. Very briefly the agenda (a) *Retirement Policy and Income Support:* looking at a smooth transition from work to retirement. Now that is very important and we can draw upon the expertise of those of you who have retired; we can draw upon the expertise of members of our panel and our keynote speakers, who are experts in this field. (b) *Strengthening Personal Support Systems:* looking at increased strength for the family, for the community and strengthening ties of older persons – again vitally important. We are looking at building upon the initiatives of programs like our Family and Community Support Services program, which provides a multitude of services through Meals-on-Wheels, Homemaker Services, and other programs to assist senior citizens.

I am going to spend most of next Saturday visiting two senior citizens' centres, one in Bonnyville and one in Cold Lake. These are examples of seniors who have, through their own initiatives, raised money to build two new centres – yes, government helped a bit but the seniors are the people who did it – they are the ones who went out to raise the funds. They are the ones who decided what kind of facility they wanted, and we were mighty proud of them as a government and as a society. If we are able to provide some matching funds in terms of capital costs, if we are able to assist in part of the operating expenses, I cannot think of a better investment for the taxpayer's dollar. It is not a giveaway, not a handout, but a grant to assist a group who know what they want to do, and know how they want to do it. That is the kind of strength that this province was built upon.

(c) *Research and Education:* a Symposium on Aging would not be complete without these topics, because there is so much that we do not know at present. There are so many fields that have yet to be ploughed in the area of aging, and there is much talent and expertise available. A very brief example, which I learned the hard way, when I was a teacher – I recall teaching a Grade 10 class and discussing a unit on the Depression. After spending a couple of weeks at it, I got feedback from a friend, who happened to be the parent of one of the children in the class. The friend's comment was, "You know, the problem with the course is that the students do not really believe what you are telling them. It is too far removed from today. It is hard for youngsters today to believe that there was a time when there wasn't electricity in our community; or a time when there was no television; or a time when people had to create their own social activities." And I thought, "How can I overcome this problem? I did not live through the Depression so I cannot speak from personal knowledge." Then it suddenly dawned on me that there were a wealth of resources right in our community – our senior citizens. So the next semester I contacted senior citizens in advance, and then divided the class into small groups and sent the students out to interview the senior citizens. This learning experience, this information which those youngsters brought back was phenomenal. One of the seniors, I remember, was a grain buyer; a couple of them were farmers; one was a storekeeper; and some were homemakers. A bond developed between the two generations which I could not put in place but which occurred, and a couple of the seniors thanked me afterward and said, "We really appreciate somebody asking us". Well, that is the sort of thing we have to do more often in our society, and I certainly hope that our panelists are able to emphasize this. I hope we can tap the resources already there.

(d) *Opportunities in Retirement:* looking at the things that we can and should be doing in that area. We have tried very hard to initiate a program, in particular with rural senior citizens groups, to encourage them to take over the operating of campsites, and that is only one area. There are a multitude of areas that can tap the abilities of the senior citizens. There is an auction sale which is held in Coaldale approximately once every two years, and it is sponsored by the Mennonite Central Committee. It can give you a lump in your throat to see the quilts and other products produced by these dedicated men and women, many of whom are senior citizens. They are auctioned off and the proceeds are used for international aid – another example of the community tapping the resources already there.

(e) *Advocacy and Self-Determination:* if there is one thing I feel very strongly about as an Albertan, never mind the government representation – just as an Albertan, it is that this society was built by strong-willed individuals who believed in a system built upon the strengths that were already in place in our community. We do not need more layers of regulations – we need initiative; we need a system that will recognize those strengths and encourage them.

And finally (f) *Needs and Related Services:* the kinds of support services which should be in place for older people within our society. I must return to our Home Care Program, a program that will help people stay in their own homes, whether they need an enriched Meals-on-Wheels program, or Homemaker Services – an enhanced Co-ordinated Home Care Program – a kind of program that will respect the dignity of the individual, and will recognize the talents existing now in our communities.

For the first time in fifteen years, we have reached a point where our Family and Community Support Services Program can provide funding on an equitable basis across the province. All cities receive a minimum of $10 per capita; all rural areas, because of the lower scale of their economy, receive $12 per capita. What does that mean? I am going to use two examples; community A provides a Meals-on Wheels program using unionized staff who work for the municipality, and community B provides the same service using volunteers. I do not need to tell you which community will spread its dollars further, but the thrust of our program is that rather than saying we will pick up the bill, whatever the price, we are saying, "Here is the grant. It is based on a population formula. You use it in the best way possible." Some municipalities are using those funds extremely well – others need to achieve greater cost efficiencies.

I want to conlude my welcoming address to you – and it is a sincere welcome – by saying that as I look across this audience, an audience made up of both young and old, I recognize a number of people from my own home area and from other parts of the province. This is an opportunity – an opportunity that you have – it is the first such opportunity that I am aware of, where Albertans have come together to a symposium. I sincerely hope that you are able to use the opportunity wisely and well. I hope that you are able to come to grips with the issues, to recognize the limitations in our society because we in the province, in our nation and indeed in all of North America are in a recession. There is a new recognition that governments do not have endless sums of money, and they cannot provide services in the most expensive way imaginable. There has to be cost efficiency built into the system, and I am convinced that with the talents and the expertise here, you can come forward with meaningful recommendations for cost efficient programs that build upon the dignity of the individual and recognize the strengths in our society.

With that thought, I would like to issue an invitation – Duncan through you – to the Planning Committee and to members of the Provincial Senior Citizens Council, to meet shortly after this Symposium is concluded, so that we can review the recommendations, I would hope we can look very earnestly now – not a year from now when the annual report comes through, but now – at the kinds of initiatives that might be taken. Some of them, I am sure, will not be costly, but they will be very efficient in terms of using volunteers, and in building upon the strengths which already exist in our community and society. With that, ladies and gentlemen, I wish you the very, very best in the days ahead and look forward to meeting with the Planning Committee. Thank you very much.

Betty Hewes

Mr. Chairman, thank you very much, Duncan, for that kind introduction. Mr. Minister, Mrs. Chichak, Mr. Anderson, Mr. Magee, guest panelists, ladies and gentlemen. I must first of all express regrets from His Worship Mayor Purves who is not able to be with you, but his loss is my gain, for I have an opportunity to renew friendships and to make new friends and share an exciting evening with you. I'd also like, on his behalf and on behalf of Council, to express a warm welcome to your guests who are here from outside of our city, and particularly to your distinguished panelists – I hope it's an interesting and stimulating event for you, and I know you're going to enjoy the famous Edmonton hospitality while you're here.

I looked through the brochure too, Mr. Minister. I go back a long way, as the chairman has indicated, in working with senior citizen organizations in the province, and as I looked through it I was reminded of a famous saying that a philosopher friend of mine expressed one time that goes like this – "the future is not what it used to be" – and when I looked at it and looked at the title Guidelines for the Future, I thought, "Well, what are they going to do at this Symposium?" There have been so many gains, such enormous gains in what we are doing with seniors, what seniors are doing in our province in the last ten or fifteen years – just incredible gains. What is it we are going to be talking about at this Symposium? And I looked at your subjects and I thought: *Retirement Policy and Income Support* – surely we've got it all; we've got indexing, we've got supplements, the Minister has explained it, we've got all those things – what's left? Are they all comfortable, are senior citizens frightened about their income, are they frightened about losing their homes, frightened about taxes, about utilities, are they eating properly because food is too expensive – are those problems still there? – well, yes. *Personal Support Systems* – the Minister described them; Home Care, all kinds of special services – bus passes, snow shovelling, gardening help, window cleaning; Meals on Wheels; what more? Are people lonely, are senior citizens still lonely and fearful in their homes? Are they still isolated? – well, yes. *Research and Education* – do we know about it yet? Our experts are here – they bring information from across the nation to us – of course we don't know it all! *Opportunities in Retirement* – 65, what's magic about it, what happens before you're 65? Is it the right age? Do I have to quit? Interesting, Mr. Minister, there is no magic 65 in your profession and mine, is there? Maybe there ought to be. Do I have to quit – can I get recycled? *Advocacy and self-determination* – who knows better than you and I but do we listen to one another and do we act on what we hear? *Other Services* – well, the Minister has talked about many of them. As long as there's poverty, as long as there's need for choices in housing, as long as there's fear about safety, whenever there's isolation or loneliness, whenever we feel we need to be listened to, to be useful, to be needed, there is more, much more to be done. Yes, we've made enormous strides. But as Robert Frost says, "there are miles to go," and when I look at you, I know you are going to go the distance.

Great things have happened but there is much left to do. The future is not what it used to be – it's going to be better, and you're going to make it that way. I urge you to work hard; you're working for me, you're working for us. Mr. Chairman, ladies and gentlemen, on behalf of the Mayor and the Council and all of the citizens of this fair city, I congratulate you and thank you. I want to thank the Province for the part they play, and the Provincial Senior Citizens Advisory Council for the work you're doing on behalf of all of us. I wish you well in the week's deliberations.

LUNCHEON ----- DAY 2

Canadian Developments in Aging – Betty Havens

Introduction

In the context of "Guidelines for the Future", "Canadian Developments in Aging" must, as I see it, set the stage in two ways: first, by presenting the demographic background to our present situation in Canada and Alberta; and second, by attempting to portray the scope of thrusts in aging programs, research and education across Canada. But, it must, also, attempt to highlight the projected future of aging in Canada and Alberta over the next 20 - 50 years. In the next few minutes I will attempt to deal with these three issues.

Demographic Background

Canada has only recently joined the ranks of the old nations or societies. Demographers refer to societies as "young" when less than 4% of the population is 65 and over; "mature" when 4-7% of the population is 65 and over; and "old" or "aged" when those 65 and over exceed 7% of the population. Canada's percentage of the population who are 65 and over is approaching 10% while Alberta's percentage is less than 8%.

Many nations are now experiencing the situation in which those 65 and over are exceeding 10% and in several nations, they exceed 20% of the population. Canada's population is changing, albeit more recently, in a similar direction, while Alberta's population distribution is remaining virtually constant. The rate of growth in the population 65 and over in Canada is greater than for the population as a whole; further, the growth rate of the population 80 and over is greater than that of both those 65 and over, and the total population.

Let us review, for a moment, how Canada has become an "old" society. In the past, infant mortality was any population's major problem; that is, life expectancies were reasonably short. Of course, there were "survivors" in every age and we can all recall the tales of "old" people from histories; but, these were the exceptions. Today, the "survivors" have become the rule. That is, the relatively dramatic increase in the percentage of the population over 65 has not occurred because of new knowledge in "geriatric" medicine; but, rather because so many more Canadians have survived infancy, childhood, and early adulthood (including the risks of occupational, military and maternal mortality) to be old.

The life expectancy at birth among developing peoples is less than 50 years. The life expectancy at birth in Canada today is 69 and 77 for males and females respectively. The longer the members of a population cohort survive, the better are their chances for survival. In other words, if you look at the 60 year olds today the women can expect to live another 22 years or age 82, and the men about 17 years, or 77 years old. At sixty-five it's 18 years of age 83 for women, and 13.5 years or age 78.5 for men; but by age 80 it's about 8 and 6 years; that is, 88 and 86 years old respectively. This points out that the gap between males and females narrows over the lifespan, but also that the probability of survival increases over that lifespan. It should be noted that demographers are beginning to point out some slight improvement in mortality rates among the older adult population but the impact of such changes are, and will remain, minimal over the next 30 to 50 years.

This is perhaps the best time to note that females are better survivors than males at all ages. Consequently, the older the cohort in question the larger the number and percentage of females as compared to males. Most of you have probably visited a nursing home and been struck by the overwhelming imbalance of the sexes among the residents. Looking at the average age of nursing home residents, the disproportionately large number of women should not come as a surprise.

Frankly, the men have long since died or are the "hardy survivors" of the old tales.

Another issue of concern and in part related to the sex ration among those over 65 is the occurrence of widowhood. We observe many more widows than wodowers in this population. In part, this is related to the longer survival of women; but also , to the typical pattern of men marrying women who are 5-15 years younger than they are. Finally, most widowers re-marry shortly after being widowed while older widows tend to re-marry far less often, again, in part, related to the sex ration and, in part, to societal convention. Consequently, while almost 75% of all men 65 and over are married and 15% are widowed, only 40% of all women 65 and over are married and a full 50% are widowed. The percentages of never married and divorced are virtually the same in both sexes.

Canada's sex ratio is 75 males to 100 females age 65 and over. Alberta's sex ratio of 91 males to 100 females 65 and over, both of which are higher than the sex ratio in the U.S. and in most of the developed nations. This has resulted from predominently male immigration to Canada during the early years of the current century and the continuing male migration to Alberta. This influx of males has held the sex ratio among the older population cohorts in both Canada and Alberta artificially high. This phenomenon will change rapidly in Canada over the next 20 years as the male immigrants pass through the population structure. Since we have been lacking a similarly male dominated wave of immigration since the early 1900's, the shift in sex ratio in Canada can be expected to be very dramatic. However, Alberta's sex ratio will remain very high because of its continuing attraction to young adult males throughout this century.

The recent drop in birth rate has contributed to the larger percentage of the population being in the older cohorts. That is, if the birthrate had been maintained at the same level as during the baby boom, the increased numbers surviving to old age would have been offset by the higher birth rate and hence large younger cohorts, and therefore, the older cohorts would be a smaller percentage of the total population. Similar to the rest of the developed nations of the world, Canada's birth rate has dropped dramatically, and consequently, the population structure is aging much more rapidly that it was in the past. It may be interesting to note that the same diminishing birth rate trend is beginning to be experienced by the developing nations; therefore, they will experience population aging even more dramatically than the developed nations over the next 30 - 50 years.

Among the most typical indicators used by demographers in relating age structures to the economy are the dependency ratios. Youth dependency, aged dependency and total dependency. These indicators are based on relating those under 15 or 20; ie. "youth" to those in the labour force age group (15-59; 15-64; 20-64 or 20-59) to determine youth dependency; and those 60 or 65 and over to the labour force age group. The projection of these ratios over the next 15 - 20 years is relatively easy especially in the case of the labour force age group and the "aged" groups; therefore, it has become a very standard indicator used by demographers, policy makers, and the media.

Perhaps because it is easy or perhaps because it can be easily understood by lay persons it is over-used. But, beware, because this ease is deceptive. The dependency ratios are probably among the most inappropriate indicators we have. What does the relationship of one age group to another tell us about economic dependency? Further, is it economic dependency, familial dependency, societal dependency or "manpower" dependency that is of concern to us? Each of these forms of dependency are conceptually different, are measured differently, and most of them have more than one method of measurement. The two most usual measurements of familial aged dependency are those 80 and over divided by those aged 60-64 (45); or those 65-85 divided by those females aged 45-49 (165); societal or economic aged dependency is usually measured as those 65 and over divided by those aged 15-64 (14); or those 60 and over divided by those aged 20-59 (25); or as those 65 and over not in the labour force divided by those 20-64 in the labour force (20) and the "manpower" aged dependency is typically measured as the ratio of those 65 and over not in labour force divided by those 15 and over in the labour force (18). These latter data have been abstracted from Dr. Leroy Stone's recent paper and supplementary tables prepared by Dr. Stone and his associates at Statistics Canada for the North American Regional Technical meetings on aging, last

June, preparatory to the United Nations World Assembly on Aging.

The variation in these figures to an extent speaks for itself; but, the more important issue is, "What do we want to know, that we (or others, believe can be best answered by the use of any one or several of these dependency ratios?" The most frequent response to the conceptual question is that we want to know what our aged population is costing us. To take this further, what is the comparative societal cost of raising our youth and caring for our aged? Alternatively, can we afford our aged, our youth, both? This is all based on some belief that as long as the total dependency ratio does not exceed a "magic" 100 (or 75 or 90 or 110), then we can afford the component levels of youth and aged dependency.

This argument does not deny that we need to know how much it costs to raise our youth and to care for the aged and to know how society's public and private funds should be, or might be allocated. However, we need to know a lot more about these costs, about what really constitutes dependency, and about what societal and generational exchanges take place in Canada, rather than trying to rely on some quick formula to avoid addressing these more basic issues.

Aging Programs, Research and Education

Without going into elaborate detail and repeating much of what the individual workshop speakers and panelists have addressed this morning or will be addressing over the next two days, I want to mention a few points which highlight the scope of activity across Canada as reflected in Alberta. The first governmental programs targetted specifically to senior citizens were income security programs, specifically, Old Age Security pensions later including the Guaranteed Income Supplement and spousal allowances. The earliest voluntary programs specifically targetted to senior citizens were for the ill and poverty striken largely through the nursing religious orders. It should be noted, of course, that there are non-targetted programs which have always included a disproportionately large number of senior citizens such as social assistance, insured hospital services and insured medical services.

As noted in *Alberta's Seniors: The People and the Services*, the range of programs is remarkable. These include: auxiliary hospitals, lodges, contract nursing homes, property tax rebates, community services, the 1967 Alberta Conference on Aging, the Alberta Council on Aging, senior centres, the Society for the Retired and Semi-Retired, New Horizons projects, Pensioners Concerned, the waiver of Health Care Insurance premiums (including Blue Cross), Renter's Grant, subsidized apartment housing, extended health benefits, the Provincial Income Supplement, day hospitals, the Further Education Grants, Community Health Nursing, the Senior Citiznes Bureau, the Provincial Senior Citizens Advisory Council, recreation services to special groups, the Alberta Senior Citizen's Recreation Association, province-wide coordinated home care, special transportation grants, adult day care, the Geriatric Assessment and Rehabilitation Hospital, and I would add the Alberta Association on Gerontology. To quote from *Alberta's Seniors:*

> In reviewing the programs and services Alberta has developed for its older age group, several factors stand out. First, the programs and services for seniors are offered by many different provincial government departments, as well as by municipalities and voluntary associations, and relatively few are *only* for the older age group. Secondly, Alberta has tended to provide *benefit* programs on a universal basis, not limiting access to them on the basis of financial need and thereby not subjecting persons to an income or a means test. It has been very generous in providing and subsidizing institutional care . . .

While the names vary across Canada and the historic order varies from province to province, the range of services, in Alberta, is largely similar to those in other provinces. Similarly, there are several educational opportunities in Alberta for those who are working with the aging or preparing for careers in gerontology/-geriatrics. These programs have proliferated across Canada in the past five years. The most recent major additions are the gerontology program at the University of Toronto, the Centre on Aging at the University of Manitoba and the Gerontology Centre at Simon Fraser University. Similar growth has occurred in research relative to aging in Alberta and across Canada. Special recognition should be given to the population aging program of the Social Science and Humanities Research Council of Canada in providing funding to stimulate much of this research and educational opportunities, as well. Other granting agencies have also begun to allocate more monies to gerontological/-geriatric research.

The growth of the Canadian Association on Gerontology reflects the increasing importance of service, education and research in aging. In 1971, 84 persons founded the C.A.G., as of the end of May, 1982, over 1200 people were members of C.A.G. and six provincial organizations, including the Alberta Association of Aging, have affiliated with C.A.G. (two more provincial organizations are expected to affilite within the year). The government of Alberta has generously provided a travel grant to C.A.G. for the past five years to enable Albertans to attend the annual scientific and educational meetings of C.A.G. To date, Alberta is the only province to provide such a travel grant. As the membership has expanded, so has the content of the annual meetings, providing a truly rich educational opportunity to Canadians concerned with aging.

Projected Demographic Future

The preceeding sets a background from which to consider the future or projected aging population structure of Alberta and Canada. There are certain aspects or kinds of futuristic statements derived from demographic studies about which we can have reasonable confidence. However, there are other statements which must be considered with great skepticism or in fact rejected entirely.

The assumptions used by demographers in projecting populations are exceedingly critical to their credibility. Typically these assumptions deal with fertility, mortality and migration. When dealing with the changing future age structure all of these assumptions are important. However, in looking at the population projections relative to those 65 and over there is reasonable accuracy to the year 2046 because everyone who will be 65 and over by that year is currently alive. In other words, fertility assumptions which are the most troublesome in projecting future population structures have their impact on the total age structure but not on those already born as they age. Mortality rates have remained relatively constant for long enough to give us greater confidence in projections which rely heavily on mortality assumptions. Migration estimates are extremely variable but most projections incorporate multiple migration assumptions from which we can select that which seems most appropriate.

Therefore when the demographers tell us that the rate of growth of the population over 65 or over 80 will be greater than that of the total population, we can be very sure that this relationship will hold even if the discrepancy in these rates is less, or more, than projected. This statement brings us back to the issue of the total population structure. While we can be quite certain about those who will be "old" over the next 65 years, we cannot express this group as a percent of the population without considering the fertility experience over the next 65 years as well. We have not been nearly as successful in this latter exercise as we have been in other population projection activities.

Barring a major disaster such as war, famine, or epidemic disease, we can have reasonable confidence in how the current population will age and what the sturcture of future aged cohorts will be. The sex ratios, marital status, residence locations, language or ethnic groups and educational levels of the older population are reasonably assured for the next 50 years. But the projected fertility rates beyond 1991 (only nine more years) or, the children of the "Baby Boom" are to be viewed with far greater skepticism. Therefore, when someone says that the population 65 and over will constitute

15%, 18%, or 22% of the population of Canada by the year 2011 or 2031, we must be very wary. Such a Statement is based on imputing fertility behaviour to the grandchildren of the "Baby Boom"' that is, to the children of those not yet born.

In that the cost to the public purse of health care delivered to the older population is acknowledged to be three times the cost to the public purse of health care for children, this province and the nation faces a long period of escalating health care costs based on these projections. The short term economic impact of expanding community programs and services to seniors is the expenditure of public funds to support these initiatives in order to curtail higher cost alternatives both now and in the future. This strategy coupled with support to gerontological/-geriatric research and education is capable of producing long-term economic savings for the public purse while simultaneously enhancing the attitudes toward, the status of and the services available and accessible to aging Canadians.

Having identified these issues, let me hasten to note that this in no way exhausts the subjects appropriate to "Canadian Developments in Aging". Further, demography or demographic techniques are simply some of the tools which we have available to us and all our tools should be exploited in order to answer our research, knowledge, service, and policy questions. It is, however, important to note that while all of the changes I've mentioned are occurring now, the greatest degree of change is still over twenty-five years away which gives us a remarkably long lead time to prepare for this impact. But we must begin to plan *now* for these changes before the years slip away and we have lost the advantage of this lead time. That is, unless we want *our* futures to be what futures were in the past, that is, what we observe today. I hope that others who will present material over the next two days will amplify on these issues. Hopefully, this presentation has provided a backdrop for our learning together over the remainder of this Symposium in order to yield "Made in Alberta" recommendations for planned action, goals for the 80's and guidelines for *our* future.

LUNCHEON ----- DAY 3

The Canadian Postition for the World Assembly on Aging – Mireille Badour

Let me say, at the outset, how pleased I am to be with you today. The two major aims of your symposium, which are to develop guidelines for future policy and program development to meet the needs and concerns of an aging population as well as to inform the public of relevant issues and exert a positive influence on attitudes toward aging, are most timely. As Canadian society ages, it can be expected that all levels of government and the private sector will have to give special and urgent consideration to the development of specific action plans which will identify the most appropriate mechanisms to meet the needs of our aging society. These action plans will have to be established at the local, provincial, national and international levels. The contribution of a conference such as this Symposium on Aging, its impact on the Canadian process, is likely to be important and long lasting. The Chairman and the members of the planning Committee are to be congratulated for having brought together such a diverse and prominent group of participants to discuss issues of direct concern to the needs of an aging society.

This is the age of aging. Long life is a major achievement of the twentieth century. The World Assembly on Aging is the occasion for all nations to ponder its implications; to take cognizance of the universality and inevitability of human and population aging, to recognize the societal challenges and opportunities, the hopes and anxieties that arise, and the obligation of governments to consider the future, as well as the present, in formulating plans and policies on aging. This is probably one of the most important of the Assemblies thus far convened by the United Nations in that *everyone* is or will be personally involved in the process or will be personally involved in the process of aging. In this regard, let me quote a recent United Nations document:

> It is in *the light* of this achievement – and not in its *shadow*; in the light of the *challenge*, and not under its *threat*, and in the light of the tremendous *potential* and not under *fear* of the problems that may arise – that the World Assembly on Aging must be the impetus for all nations to launch action-oriented policies and programmes aimed at guaranteeing social and economic security to older adults, as well as providing opportunities for them to participate and share in the benefits of development so that the aging of today and of the years to come will be able to live, share, contribute and serve, according to their capacities, and be served, according to their needs and the resources of their societies, on the basis of equity of rights and obligations.

I should now make it clear that I am *not* going to state the Canadian *position* for the World Assembly on Aging. The scope of the World Assembly on Aging is quite broad. As you are all aware, many issues touch on the aging, and an aging population has many ramifications for society. The federal government certainly has *positions* on a number of these matters, but I must admit that any attempt to turn these into a *position* does not seem possible or appropriate. More importantly, and as some of you are also aware, our preparations for the World Assembly on Aging are *Canadian*, not simply federal. These preparations have been, very much so, a joint effort of federal, provincial and territorial governments. As well, the non-governmental organizations concerned with the aging have been actively involved in the process. So, given the variety of issues and the variety of participants, you can understand that the only Canadian position on the World Assembly on Aging is that we intend to participate actively in its deliberations, we intend to learn from it, and to communicate its lessons afterward to benefit the aging, and the society of which the aging will form an increasing part.

Before I go on to say something about the reports, the delegation, and the follow-up activities which I have just mentioned, I should say what the World Assembly on Aging is *not*. My Minister has received numerous inquiries from individuals and organizations asking what sorts of projects they might undertake to mark this international year for the aging. But of course this is not an international year. The General Assembly of the United Nations has not declared an international year in association with the World Assembly. It did something quite different. It called on the governments of the member nations to meet together in order to launch an international action program aimed at guaranteeing economic and social security to older persons, and opportunities to contribute to national development. Therefore, we are not sponsoring projects or funding celebrations. We are examining issues, policies and programs, and social and economic trends in preparation for a meeting.

As the Assembly draws nearer, my Minister has been receiving numerous inquiries from individuals and organizations who wish to participate. But the Assembly is *not* a gathering where vast audiences will hear uplifting messages from world figures. It is *not* an international congress, open to anyone interested. Because the World Assembly is organized by the United Nations, it *is* a governmental meeting. The United Nations has, however, asked governments to include representatives of non-governmental organizations in their delegations, and we are committed to doing this.

Now let me tell you what the World Assembly on Aging *is*. The General Assembly of the United Nations has called on the member governments to meet in Vienna from July 26 to August 6 of this year, in order to launch an international action program. In order to achieve this objective, they will focus on the various issues of aging in designing policies and programs for economic and social development in both developed and developing countries. They will exchange views on ways of dealing with issues of aging, including the machinery required for administrative and legislative action. They will consider how countries, through increased international co-operation, can benefit from the knowledge already acquired regarding the various issues of aging. Finally, they will seek to give guidelines and direction, and encourage wider support for the activities of organizations of the United Nations, such as the World Health Organization, and other international organizations related to aging, such as the International Association of Gerontology and the International Federation on Aging.

Preparations for the World Assembly on Aging are well advanced. A number of preparatory meetings have already been held, at both the international and national levels. At the *international* level, two types of meetings have been held in the five regions of the world as designated by the United Nations: Middle East and Mediterranean; Latin America; Africa; Asia and the Pacific; and Europe. The first type of meeting, the regional technical meeting, has involved both technical experts and non-governmental organizations in the preparation of regional reports. At the second type of meeting, the intergovernmental meeting, governmental representatives have used the technical regional reports as background documents in order to develop regional plans of action.

Let me be a little more specific on the Canadian participation at these regional meetings. Canada belongs to the European region. Within this region, technical meetings were held in three sub-areas – in Eastern Europe, Western Europe and North America and three reports were prepared. Canada participated quite actively in the North American Regional Technical meeting which was held in Washington last June. Of the 170 persons attending, 70 were Canadians and I can assure you that they took every opportunity to make their views known. The North American Technical Report bears the imprint of the active participation of knowledgeable Canadians deeply committed to the cause of aging.

More recently at the end of April this year, a European intergovernmental meeting brought together representatives from 32 governments from Eastern and Western Europe and North America. During their one-week session, they prepared a regional plan of action for the European region. This plan, along with the other Regional plans of action, will be among the documents used at the World Assembly on Aging. Canada was among the countries participating at the European intergovernmental meeting.

Finally, at the international level, a World Forum of Non-governmental Organizations, sponsored by the International Centre of Social Gerontology, took place in Vienna from March 29 to April 2. Its theme was the social and economic integration and participation of the aging. In addition to addressing the full range of concerns relevant to aging which have been examined at the various regional meetings, it had the goal of determining the role and responsibilities of non-governmental organizations in assisting governments and international organizations in implementing the plan of action resulting from the World Assembly on Aging. Canada was well represented at this meeting. As you can see, Canada has taken advantage of all the existing opportunities to make an impact on the international preparations for the World Assembly on Aging.

Although Canadians have been very active in the international preparations for the World Assembly on Aging, much effort has also gone into the Canadian preparations for the Assembly. We have responded favourably to the suggestion made by the United Nations to all participating countries that they prepare national reports on aging. In Canada, the preparation of the Canadian report on aging has involved, over the last several months, not only the two levels of governments, the federal and provincial/-territorial,but also the non-governmental sector at the local, provincial and national levels. In fact, two documents will make up the Canadian report, a governmental report and a non-governmental report.

Let me be a little more specific about the main aspects of the Canadian Governmental Report. The report will be divided into four main sections. The first section will present a brief outline of the demographic aspects of the aging population. The report will then consider what the United Nations calls the "humanitarian issues" which simply means the *needs* of the aging. They will be dealt with under seven subject areas, namely: income security, labour and employment, health, housing, the family, social welfare, and education/-culture/-recreation. Each of these sections will outline policies and programs that governments at both levels have effected relevant to aging and identify the main gaps which exist as well as issues of current concern.

Then the report deals with what the United Nations calls the "developmental issues". The meaning of "developmental issues" is not, I can assure you, obvious. Those among you who have participated in the discussions of the federal-provincial committee will recall, I am sure, our efforts to devise an operational definition of these "developmental issues". For the purpose of the report, "developmental issues" are those which arise as a result of the effects of an aging population on society and the effects of a changing society on the aging. These issues will be handled under three subject areas: economic, social and political. Finally, it was found that research and education and the training of both researchers and those in service delivery did cut across all areas of concern whether humanitarian or developmental. A section specific to research and education will be produced to avoid unnecessary duplication.

Its companion piece, the report prepared by the National Advisory Council on Aging, will discuss similar issues (that is, the humanitarian and developmental issues) from the viewpoint of the Canadian non-governmental organizations. This report is a distillation of the views expressed by the non-governmental organizations which were present at the national consultation held at the beginning of February of this year in Ottawa.

National reports will not be tabled at the World Assembly on Aging although the Canadian Report along with other national reports will be distributed to other delegations at the World Assembly. The main use of the Canadian report, insofar as the World Assembly on Aging is concerned, will be to serve as a briefing book to provide the Canadian delegation with the necessary information on the Canadian situation.

You must be wondering, at this stage, about the Canadian delegation which will attend the World Assembly on Aging. All I can say at this time is that the delegation will consist of 12 to 15 persons, and should be divided fairly evenly among the federal and provincial governments and non-governmental organizations. The United Nations has suggested that delegates be from the policy making level and be representative of a wide range of disciplines. The federal and provincial governments will name their representatives through appropriate consultative mechanisms. The non-governmental organizations, which will include senior citizens' organizations, will be represented on the delegation. Responsibility for actually appointing representatives to the delegation lies with the Minister of External Affairs.

In due course the World Assembly on Aging will take place, and, although I admit that I find it hard to believe just now, August 7 will arrive and the Assembly will be over. However, it is very important that the concerns and efforts sparked by the Assembly not end on August 7.

The Minister of National Health and Welfare has already announced her intention of convening a Canadian Conference on Aging following the World Assembly on Aging, perhaps a few months later, and certainly within a year. Such a Conference would be an appropriate forum in which the Minister would report on the activities and achievements of the World Assembly. Remember what the purpose of the World Assembly is: to launch an international action program aimed at guaranteeing economic and social security to older persons, as well as opportunities to contribute to national development. If we are to maintain the momentum which the World Assembly will provide, it is important that all the major participants in Canada be able to follow through on it, and that they begin developing action plans and strategies in their geographical locations, and within their jurisdictional responsibilities to meet the needs of the aging and the aged over the next 10 to 15 years. The Canadian Conference could mark the beginning of a continuing dialogue and involvement of us all with issues concerning the aging.

I believe that the World Assembly on Aging, and the Canadian Conference on Aging which will follow it, provide an unique opportunity to examine our approaches to meeting the needs of elderly persons within an aging society. I have observed the labours of many, including those in attendance here, as they devote their attention and concern toward the aging, and I am convinced that all will want to participate fully in planning for the aged today and those of tomorrow.

A. RETIREMENT POLICY AND INCOME SUPPORT

Keynote Speech: James Pesando

1. Introduction

The retirement income system in Canada has been the subject of intensive study during the past few years. In 1979, the Federal Task Force on Retirement Income Policy issued its *Report*; the Economic Council of Canada issued its study, *One in Three: Pensions for Canadians to 2030*; and the Special Senate Committee on Retirement Age Policies issued its report, entitled *Retirement Without Tears*. In 1980, the Royal Commission on the Studies of Pensions in Ontario issued its *Report*. We are now awaiting a Federal "Green Paper", due this spring, which will set out preferred options for reform as seen by the Federal Government.

Why has there been an "explosion" of research in the pension area in the past few years? For private pension plans, the major catalyst has been the problems posed by high and uncertain inflation. For public plans, such as the C/QPP and OAS/GIS, it has been the fact that the Canadian population will "age" significantly in the years ahead as the baby boom reaches maturity and ultimately approaches retirement age. The Economic Council of Canada projects, on the basis of its median demographic assumptions, that the number of Canadians aged 65 and over will more than triple between now and 2031, while the number of much older people (aged 75 and over) – particularly women – will increase even more rapidly. The population aged 65 as a percent of those aged 20 to 64, which is one measure of the "dependency" ratio for the elderly, is projected to more than double during this period.

2. Anti-Poverty versus the Income Replacement Objectives of Public Policy

The objectives of public policy toward the provision of retirement incomes are twofold: to reduce the incidence of *poverty* among the aged, and to facilitate the *replacement of income* for those Canadians who cease active work and enter their retirement years. At present, Canada's public pensions look fairly generous – by international standards – at low income but not at high income levels. This is due to the existence of OAS/GIS and the various provincial "top-offs", together with the modest replacement rate and earnings ceiling of the C/QPP (25% of the average industrial wage). As a result, the pension debate has focused primarily on the income replacement objectives of public policy. Before turning to this issue, however, I would like to offer a few observations regarding the anti-poverty objectives of public policy.

The Federal government, through the GIS, seeks to supplement directly the incomes of the low-income elderly. Most provinces, including Alberta, supplement the GIS with their own income-tested programs. Realistically, increasing the benefits delivered through these income-tested programmes is the only effective way to improve the position of today's elderly poor. The Royal Commission in Ontario recommended that the Province seek through negotiation with the Federal government to raise GIS benefits for the single elderly. The objective is to raise the income provided through OAS and GIS for singles from the present 51% to 60% of that received by a married couple. In the interim, the Commission urges Ontario to raise the guaranteed income provided the single elderly to this level through enrichments to its income-tested provincial supplement, called GAINS. This recommendation is motivated by the continuing concern with the relatively poor financial situation of the single elderly, most of whom are women. Significantly, the Select Committee on Pensions which was established to review the *Report* of the Royal Commission has come out strongly in favour of this recommendation.

3. Income-Replacement Objectives of Public Policy and the Perceived Limitations of Private Pension Plans

There is a now standard list of the limitations of private pension plans: (1) vesting is delayed; (2) pension benefits are not portable from one employer to the next; (3) there is inadequate cost-of-living protection; (4) coverage is far from universal, so that many workers in the private sector are simply not members of occupational pension plans; and (5) most private sector plans do not provide adequate survivor's benefits.

Vesting

At present, most provincial Pension Benefits Acts require that an employee's benefits must vest after he has reached age 45 *and* completed 10 years of service. If an employee leaves a plan before his benefits vest, then he typically receives only the return of his own contributions, usually with interest. In a non-contributory plan, he receives nothing. Many plans have more liberal vesting provisions than the statutory "45 and 10" rule. Nevertheless, about 75% of members of occupational plans are in plans which require at least 10 years of service before their benefits vest. As a result, mobile employees may enter retirement with few – if any – years of pensionable service, and thus draw minimal – if any – income from occupational pension plans.

Portability

An employee has a *portable* pension if the pension credits that he earns with his prior employer are transferable to the plan offered by his new employer. Pension credits earned under the terms of the C/QPP are portable, while – with some exceptions – pension credits in occupational plans are not. Those concerned with pension reform note that if mobile workers are to derive any substantial retirement income from occupational pension plans, then progress on this front is imperative. Earlier vesting is a necessary, but not sufficient, requirement if the situation of the mobile employee is to be improved.

Cost-of-Living Protection

The full and contractual indexing of pensions in force is very rare in the private sector. This fact implies that the real value of such benefits is likely to be eroded – perhaps severaly – by inflation which occurs during the plan member's retirement years. At an inflation rate of 6%, which is low by recent standards, the real value of an unadjusted pension will have fallen to 56% of its initial level after 10 years. At an inflation rate of 10%, the real value of an unadjusted pension will have declined to 39% of its initial value during this same period. Plan sponsors in the private sector have frequently made cost-of-living adjustments to offset in part the impact of inflation. There is little reason, however, to challenge the Task Force's conclusion that such adjustments have on average offset less than one-half of the erosion in the real value of pensions in pay caused by inflation.

Coverage

Data compiled by Statistics Canada indicate that in 1976 only about 50% of paid, full-time workers in the private sector between the ages of 25 and 64 were members of occupational pension plans. *Coverage* in the public sector, by contrast, was virtually 100%. Within the private sector, certain systematic patterns exist. Coverage ratios are much below average in the wholesale and retail trades, the service sector and in agriculture. Almost all large employers in the private sector offer pension plans, while many smaller firms do not. Because of their relative concentration in those industries (such as retail trade) where coverage is low, the percentage of women who are members of occupational plans is less than the percentage of men. The Task Force estimates that somewhat less than 60% of men aged 25 to 64 who are paid workers in the private sector belong to occupational pension plans, compared to 33% of women.

Survivorship Provisions

In 1976, 71% of public and 24% of private sector plan members belonged to plans which provide automatic pensions for their spouses on death after retirement. Typically, the benefit is 50% of the member's pension. The fact that women constitute a very high percentage of the poor among the current elderly has been a major concern to those advocating pension reform, and the absence of universal survivor's benefits is often noted in this context.

4. Broad Options for the Reform of the Retirement Income System in Canada

There are three broad strategies for reforming occupational pension plans in Canada. The first is to expand the benefits payable under the terms of the C/QPP. The second is to mandate the introduction of universal private pension plans, perhaps of the money purchase variety, as proposed by the Royal Commission in Ontario. The third is to introduce reforms which will sufficiently improve the delivery of retirement incomes through private pension plans to render unnecessary a more dramatic initiative. On the assumption that the first and third are the most likely (and not mutually exclusive) alternatives, and since they highlight the issue of the role of the government versus the private sector in pension reform, I shall focus my remarks on them.

Expansion of the Canada/Quebec Pension Plan

Coverage under the C/QPP is universal, vesting is full and immediate, pension credits are fully portable, survivor's benefits are automatic and pensions in pay are fully indexed to inflation as measured by the consumer price index. Not surprisingly, many have argued that the expansion of the C/QPP is the most logical means of achieving the income replacement objectives of retirement income policy.

In view of the fact that the C/QPP is an effective means of delivering earnings-related pension benefits, it is useful to ask *why* there are many who oppose its expansion. First, one must acknowledge the fact that - unfortunately - many opinions voiced regarding the attractiveness of expanding the C/QPP reveal more about the philosophic beliefs of the speaker than they do about the inherent advantages and disadvantages of the proposal. As a result, it is often difficult for interested parties - including the elderly - to obtain an objective assessment of this proposal. Those who are committed to the private enterprise system emphasize - in my opinion, overemphasize - the potential adverse affects of an expanded C/QPP on saving and capital formation, together with the dangers of an expanded C/QPP investment fund. Those who are less committed to the private enterprise system tend to understate - in my opinion - the potential difficulties for an expanded C/QPP inherent in the aging of Canada's population, including the possibility of a subsequent retrenchment in pension and related benefitss if the tax burden on subsequent generations of workers becomes too large.

Objectively, the major concerns regarding the possible expansion of the C/QPP relate to the question of how these benefits are to be financed.

One should first note that even if C/QPP benefits are not expanded, required contribution rates must inevitably be increased. This fact, combined with (1) the pay-as-you-go funding of OAS/GIS and (2) the significant aging of the Canadian population that will occur in the years ahead, indicates that contribution rates that workers in the future will have to pay in order to support these programs will be significantly higher than they are today. The Economic Council of Canada estimates, for example, that if present C/QPP, OAS and GIS benefits are (only) preserved in real terms, then the fraction of GNP necessary to meet this commitment will rise from 3.1% in 1981 to 5.2% in 2031 under medium demographic projections. If OAS and GIS benefits are indexed to wages rather than prices, so that the beneficiaries of these programs share future increases in productivity, this ratio would rise to 7.3% or to more than double its present level. The contribution rate for the C/QPP, if financed on a pay-go basis after the investment fund is exhausted (around the turn of the century), will rise from the present 3.6% to 10.0% of covered earnings in 2031.

There will always be debate surrounding the demographic projections which necessarily underlie this type of forecast. The likelihood is, however, that the tax burden on future generations of workers will rise sharply if an expanded C/QPP is financed on a pay-go basis. This, in turn, could lead to a future *reduction* in benefits if the tax burden is deemed to be too high by the next generation of workers. The President's Commission on Pension Policy has recommended that the normal retirement age for social security in the United States be raised from 65 to 68, with the increase to be phased in over a 12 year period beginning in the year 1990. The purpose of this proposal is to reduce the *increase* in the tax burden necessitated by the fact that social security is financed on a pay-go basis. This fact should not be lost on those who advocate pension reform in Canada.

There is an additional point I would like to make regarding a pay-go expansion of the C/QPP. There are those who argue that the main virtue of the C/QPP is its ability to deliver improved benefits "soon", and thus to improve the lot of older as well as younger workers. If this is to be the case, then any enrichment to the C/QPP benefit formula *cannot* be fully funded. Only if any C/QPP expansion is less than fully funded, and thus has a pay-go element, will it be possible to enrich past service benefits and/or enrich benefits for future service on an accelerated basis. As noted, existing C/QPP contribution rates are considerably less than those necessary to fully fund accruing benefits. Current contributors, in effect, are being subsidized by the next generation of workers. If C/QPP benefits were expanded on a pay-go basis, then there would be a further increase in the intergenerational wealth transfer which favours present contributors. Further, the increase in the net intergenerational wealth transfer would favour those with higher lifetime earnings as a direct consequence of the fact that C/QPP benefits are earnings-related. In short, if expansion of the C/QPP is cited as a means of improving "sooner" the delivery of retirement incomes, it is only because it represents a vehicle through which the present generation can vote itself an increase in benefits at the expense of even higher contribution rates for the next generation of workers. Those advocating the expansion of C/QPP benefits because they can improve "sooner" the delivery of retirement incomes should acknowledge this implication. In my opinion, in order to retain the flexibility to provide improved benefits to the elderly poor through income-tested programs such as the GIS, there is a strong argument for *not* expanding the CPP in such a manner as to produce a (further) net intergenerational wealth transfer to today's workers.

If there are potential problems to an expanded C/QPP which is financed on a pay-go basis, then why not fully fund an enrichment to the C/QPP benefit formula? The Royal Commission in Ontario argued strenuously against an increase in the degree of funding of the CPP, and its view is undoubtedly shared by many. Although the Royal Commission draws attention to a host of possible problems, there is a single key concern. The concern is that an increase in the degree of funding of the CPP would, by concentrating the control of a large investment fund in government hands, lead inevitably to further encroachment of government influence on the private sector. Although this concern is legitimate, I think it can be overstated. As discussed at length by the Task Force on Retirement Income Policy, there are alternative ways of investing CPP funds – including procedures which would leave most of CPP investment decisions in the hands of the employers who collect the contributions – which could address this problem.

Improving Occupational Pension Plans and the Role of the Private Sector

Regardless of whether or not the C/QPP is expanded, reform of occupational pension plans is inevitable. There is broad agreement, for example, that vesting rules should be relaxed, to perhaps no more than 5 years service. There is broad agreement that automatic survivor's benefits be required, perhaps subject to a written waiver by the affected spouse. There is broad agreement that the portability of private pension plans must be improved, perhaps by facilitating the transfer of the value of the pension of a terminating, vested employee to the equivalent of a "locked-in" RRSP. Perhaps the two most controversial issues remain (1) the cost-of-living protection to be provided to the pensions of retired workers and (2) the lack of universal coverage. I shall address each in turn.

As I have argued elsewhere, the absence of an index bond or an equivalent investment vehicle makes it unlikely that most firms in the private sector will provide pension benefits that are fully indexed to the consumer price index. There is, however, much discussion of the use of "excess" pension fund earnings to provide cost-of-living adjustments. This scheme recognizes that when interest rates are high, it is because they contain an "inflation premium" to compensate lenders for the expected erosion in the real value of the principal of their loans. This "inflation premium", in turn, is the logical source of funds with which to finance cost-of-living adjustments to pension benefits. Ontario's Select Committee has recommended that, after a transition period, pension fund earnings in excess of 3 to 4 percent be earmarked for cost-of-living adjustments. If implemented in this form, and especially if the pension fund reserve established for retirees is invested in short-term bonds and mortgages, the degree of cost-of-living protection *is* likely to be high. At the same time, this is *not* a costless reform. In the past, firms have often used "excess" fund earnings to enrich benefit formulas, to introduce early retirement provisions, or to reduce employer contributions. Further, in view of the fact that many firms now value (and thus cost) their plans at interest rates well in excess of 3 to 4 percent, required contribution rates must rise sharply for most plans if benefit formulas remain unchanged. Indeed, if cost-of-living protection is to be improved, workers must either devote a larger fraction of their total compensation to their pension plans or accept a scaling down in basic benefit formulas. The possibility that workers may not be willing to pay the price in terms of foregone wages, of pension plans which provide an annuial benefit equal to 2% of final earnings and have good cost-of-living protection, must be acknowledged.

The final question relates to the coverage issue. The first point to emphasize is that it is the employee, *not the employer*, who is likely to ultimately pay for pension benefits. Received economic analysis indicates that, through compensating wage adjustments, employees will *ultimately* – although not necessarily immediately – pay for enriched pension benefits. If one accepts this view, then the question of whether or not coverage should be extended becomes more complicated than it might at first appear. If coverage is extended, then workers – including those with low lifetime earnings – would effectively be required to allocate a larger fraction of their lifetime earnings to provide for their consumption during their retirement years. Extending coverage would thus reduce gradually and over time the likelihood of claims on income-tested programs such as the GIS. However, by effectively forcing individuals with low lifetime earnings to provide a larger share of their own retirement incomes, this initiative may redistribute income away from these individuals. In short, those with low lifetime earnings might inadvertently be made worse off if they are required to join an occupational pension plan. This possibility is reinforced by the recognition, documented by the Task Force from tax records, that those whose employment earnings are low are less likely to be members of occupational pension plans.

This point suggests that analysis must be undertaken of the extent to which exemptions, tax credits or other devices are required to prevent a mandatory increase in pension coverage from redistributing wealth away from those workers with low lifetime earnings. Alternatively, this point raises the possibility that pension reform need not extend in the direction of universal coverage. This possibility, in turn, is particularly important for those who believe that the private pension system can be "shored up" sufficiently to pre-empt the need for more dramatic reform. It is acknowledged that – if left voluntary – universal coverage is simply not a realistic objective for the private sector.

5. An Overview and a Few Personal Thoughts

My objective in this speech has been to set out certain of the major issues in the debate regarding the reform of Canada's retirement income system, in part to facilitate our joint discussion of these issues. I think it appropriate, however, that I put forward certain of the conclusions that I have drawn regarding the direction that pension reform ought to take. I shall do this in point form.

1.
If the decision is made to expand the C/QPP, then I would recommend that at least the enrichment to the benefit formula be largely – and perhaps fully – funded. To prevent the

potential problems associated with the government control of a large pension fund, I would suggest that a system be devised to ensure that the administration of the pension fund remain with the employers who collect the contributions on behalf of the C/QPP.

2. To alleviate the situation of the elderly poor, both now and in the future, I recommend that any additional government resources be delivered through the income-tested programs which are targeted to the elderly poor. Although these programs may have adverse incentive effects, since they discourage both saving and work by those who are eligible, they represent the only efficient means of targeting public resources to the truly needy.

3. To improve the delivery of retirement incomes through the private pension system, the following reforms should be adopted:
   a. the use of "excess" interest to provide cost-of-living protection to retired plan members, with the base rate of the "excess" earnings scheme set – after a transition period – not in excess of 3 or 4 percent;
   b. vesting provisions to be relaxed, with the ultimate goal of moving toward immediate vesting;
   c. the portability of pension benefits to be improved by providing the option that the value of the terminating employee's benefit, valued at an interest rate not in excess of 3 to 4 percent, be transferred into the equivalent of a "locked-in" RRSP;
   d. the provision of automatic survivor's benefits, with appropriate actuarial adjustments, subject to the affected spouse's written waiver.

4. I would also recommend that any attempt to make coverage universal, either through a mandatory universal plan in the private sector or an expanded C/QPP, involve tax credits or other devices to ensure that workers with low lifetime earnings are not inadvertently made worse off by pension reform.

5. Finally, if pension reform is to be sound from an economic viewpoint, then it must have the aura of permanence. If individuals are to plan for their retirement in a rational and comprehensive manner, then the "rules of the game" with regard to Canada's retirement income system must *not* be subject to periodic revision. Those who undertake pension reform in Canada today should do so with this criterion firmly in mind.

Panelist's Response: Robert Baldwin

The scope of Professor Pesando's paper is such that the time allotted to me can and should be fully utilized in responding to it. Therefore I will not belabour my introductory remarks; I will, however, offer two opening caveats. First, in my commentator's role I will inevitably accentuate the areas of disagreement between Professor Pesando and myself in spite of the fact that I agree with much of what is in Professor Pesando's paper. Second, I am speaking as an unapologetic advocate of increased public pension benefits in general, and increased benefits under the Canada and Quebec Pension Plans (C/QPP) in particular. Against the background of these two caveats, I want to begin by making a simple but important point that is often lost sight of in the debate on retirement income or pension policy.

The fundamental issue at stake in the field of retirement income or pension policy is the division of income between the retired population and the active labour force. Pension policy is not, and should not be confused with government policy on savings and investment or with general policies respecting the distribution of income, even though these other policy areas interact with pension policy and the side effects of pension policy on these other areas should not be ignored. Moreover, in defining pension policy one should be as precise as possible with regard to the objectives to be served and then decide which of the available mechanisms are best suited to achieve these objectives.

Professor Pesando has noted that discussions of pension policy have tended to deal with anti-poverty objectives and income replacement objectives. However, he does not give us a very clear picture of what he thinks appropriate income replacement objectives are. This, I believe, is a good part of the reason why his paper is inconclusive with regard to the question whether income replacement objectives can best be met through an increase in C/QPP benefits or through voluntary occupational pension plans. At the Canadian Labour Congress we have said that Canada's retirement income programs should meet the following objectives:

a. they should guarantee incomes above the poverty line for all Canadians over 65;
b. they should allow all middle and low income households to maintain their standard of living as income earners move from work to retirement;
c. they should allow surviving spouses in these households to maintain their standard of living after the death of the other spouse; and,
d. they should provide incomes that are protected against inflation.

Bearing these objectives in mind, the problems with private pension plans that Professor Pesando has noted in some detail have driven the CLC irrevocably to the conclusion that C/QPP benefits must be increased if these objectives are to be met. Voluntary private pension plans are not an adequate mechanism to meet these objectives.

In a related vein, there are three observations I would like to make in point form:

1. In his catalogue of problems with private pension plans, one that Professor Pesando omitted was that even limited periods spent outside the paid labour force decreases private pension benefits. This is not the case with the C/QPP which currently allows limited periods outside the paid labour force with no reduction in benefits and which can be redesigned to permit more extensive periods outside the paid labour force with no reduction in benefits. We view this feature of the C/QPP as very important to women whose career patterns are often interrupted by periods spent outside the paid labour force as a result of household obligations that have traditionally been imposed on women.

2. If the replacement income objectives that we have identified are met, then the anti-poverty objective will be met in substantial part. This generalization is confirmed by the substantially

lower incidence of poverty among the population under 65 versus the population over 65. Thus the conceptual distinction between anti-poverty and income replacement objectives is less clear-cut at a programmatic level.

3. It is a great oversimplification to say that anti-poverty objectives can only be met by an increase in benefits under the Guaranteed Income Supplement (GIS) program. For the current elderly they can and should be met by an increase in both Old Age Security (OAS) and GIS benefits. An increase in C/QPP benefits with a retroactive element would also contribute to this objective. For the future elderly, increased benefits under all three programs would contribute to anti-poverty objectives.

In the remainder of my remarks I want to turn my attention to some of the problems with an increase in C/QPP benefits that Professor Pesando has identified. In doing so, I want to concede at the outset that increasing public pension benefits is not without its problems. But then, neither is any other method of trying to provide adequate retirement incomes. Indeed if we try to rely on voluntary private pensions, we face the overriding problem that we cannot hope to meet our objective with regard to income replacement. Moreover, some of the problems raised in Professor Pesando's paper are somewhat overdrawn.

In the course of his paper, Professor Pesando noted that the cost of public pension benefits will increase in the future due to the aging of the Canadian population. Based on a set of demographic assumptions used by the Economic Council of Canada, he noted specifically that the cost of the existing OAS, GIS and C/QPP programs will increase from 3.1 per cent of GNP in 1981 to 7.3 per cent in 2031. He also noted that the contribution rate required by the existing C/QPP may increase from 3.6 per cent to 10.0 per cent over the same period of time.

In response to these projections we might begin by asking ourselves an ethical question. If the Economic Council's demographic assumptions are borne out, then 18.3 per cent of the population will be over 65 in 2031; therefore is it really objectionable that OAS, GIS and C/QPP benefits will be equivalent to 7.3 per cent of GNP in 2031? In this regard it is important to bear in mind that these programs account for more than 60 per cent of the retirement income of people over 65 and there is no reason to believe that this percentage will decline significantly in the years ahead.

Somewhat less philosophically, there are several important points to bear in mind when confronted by projections of public pension costs in the distant future. The first is that estimates of the cost to taxpayers (contributors) of the OAS, GIS and C/QPP beyond the year 2000 are subject to a substantial degree of potential error because our ability to estimate the percentage of the population over 65 is very limited beyond the year 2000. Even using a relatively limited range of plausible demographic assumptions, the percentage of the population over 65 in 2031 may vary between a low of 11.8 per cent and a high of 25.3 per cent. As a result, it should not come as a shock to know that estimates of the contribution rate required by the existing C/QPP in 2031 vary between 5.3 per cent and 10.0 per cent which is Professor Pesando's figure.

It is also important to remember that if the cost of public retirement income programs increases significantly due to the aging of the population, this will happen because Canada experiences a sustained period during which fertility rates are very low by historical standards. If this should happen, the increase in the percentage of the population over 65 will be offset almost entirely by a decrease in the percentage of the population under 20; it will not be offset by a decrease in the percentage of the population in the prime working age range from 20 to 64. Thus, in a situation of continuing low fertility rates, members of the active labour force will find themselves in a situation in which their public and private expenditures on the population over 65 are increasing, but their public and private expenditures on the economically dependent young are decreasing. While the relative impact on the working population of both public and private expenditures has not received adequate study in Canada, there is a German study which claims that public and private expenditures per dependent youth are 1/4 to 1/3 greater than expenditures per person over 65. Figures such as these would suggest that the overall effect of prolonged periods of low fertility would be to leave the working age population in a position where they were spending increasing portions of their income on themselves.

Finally, when we are confronted with projections of the increased cost of OAS, GIS and C/QPP benefits, it is important to remember that the elderly are currently supported by a significant number of arrangements that operate on the unfortunately valid assumption that the elderly are poor. These arrangements cover a wide spectrum: from direct transfers of income from children to their parents; to special prices for entertainment and urban transit; to housing subsidies and provincial minimum income programs; and so on. If OAS, GIS and C/QPP benefits are increased, then the premise on which many of these arrangements are based will be eliminated and so will the rate of growth in expenditures on these arrangements. Therefore the increased cost of OAS, GIS and C/QPP benefits will not represent a net increase in the cost of programs for the population over 65. This may be regrettable in that increased benefits do not give rise to a commensurate increase in real incomes of the over 65 population. But, from our point of view it is ethically preferable to provide adequate incomes to the population over 65 to spend like everyone else, than it is to support the elderly through programs that force them to be identified as members of a group that is poor. In addition, there are both equity and efficiency grounds for advocating increased income support versus other types of support.

Since I am already crowding the time available to me, I am going to deal rather cryptically with some of the points that Professor Pesando has raised in connection with his advocacy of fuller funding for the C/QPP. In this regard the first thing that I wish to do, however, is to indicate my agreement with his comment that we can allocate savings from the C/QPP in a way that minimizes the possibility of government control of capital markets if that is a desired objective. (Probably the best way to minimize this possibility is to auction off blocks of C/QPP savings to the highest bidder.) I find the remainder of his comments on funding less acceptable.

One thing that should be made clear at the beginning of these remarks is that intergenerational transfers of wealth are not a unique feature of pay-as-you-go pension plans. Under fully funded private pension plans, it is common to have intergenerational transfers of wealth. These result from the fact that new benefits are paid to plan members who are granted "past service credits" and have not fully paid for the benefits they will receive. This point is important because Professor Pesando explains his preference for fuller funding in terms of his desire to avoid intergenerational transfers.

I am also concerned that Professor Pesando does not establish clearly the standards of fairness that he is using to judge intergenerational transfers. He raises a distributional problem when he notes that the C/QPP transfers more wealth to high income earners than to low income earners through intergenerational transfers. If we only consider the absolute dollar value of the wealth that is transferred, there is no disputing his conclusion. But, if we relate these absolute dollar transfers to the lifetime income levels of different contributors, we find that the dollar transfers to high income groups is smaller in relation to their income than is the case with low income groups. In short the C/QPP tends to make the distribution of lifetime income more equal, not less equal.

Regardless of how the distributional effects of intergenerational transfers are ultimately assessed, Professor Pesando's paper leaves the impression that there is something intrinsically amiss about intergenerational transfers under the C/QPP. In this "extra-distributional" area, the absence of clear standards for judging fairness becomes particularly problematic. Without taking up the challenge to articulate positive standards, I am left wondering about the appropriateness of isolating the C/QPP from the retirement income system as a whole in this type of assessment and I am also wondering why it is only retirement income programs that are supposed to meet standards of intergenerational fairness. The relevance of these considerations can be illustrated if we imagine an increase in C/QPP benefits that is phased in over a very short period of time. In this situation the main beneficiaries of intergenerational transfers would be people reaching age 65 over the next several decades. It would not be absurd for people in the age cohorts who will receive these transfers to claim that the transfer of wealth under the C/QPP is just compensation for:

- the cost of inept economic policy in the 1930's and 1980's':
- the deprivations of World War II and the Korean War; and,
- the public and private costs of raising the baby boom generation.

In short, the elements that might reasonably enter an assessment of the fairness of intergenerational fairness can be extended well beyond the retirement income system itself and the standards by which we are going to judge fairness deserve closer attention than they have received in Professor Pesando's paper.

It should also be acknowledged that full funding of the C/QPP involves problems of its own. For the next 30 years it would definitely involve a higher rate of contributions than a pay-as-you-go (pay-go) funding system would and it could involve higher contributions for an indefinite period. Depending on how actuarial deficits are amortized, full funding could give rise to sharper increases in required contributions over short periods of time than a pay-go system would. Full funding could generate an excess of societal savings at various points in the business cycle and it gives rise to the problem of how to invest C/QPP savings. The degree to which these problems would arise under Professor Pesando's proposal is not entirely clear as he has called for "fuller" and opposed to "full" funding. However, it is certain that as we move in the direction of fuller funding, all of these problems would arise to some degree.

One of the problems that Professor Pesando raises in connection with the funding issue is the problem of trying to insure the permanence of any set of pension arrangements that might be put in place today. Recognizing that there are no absolute guarantees in this regard, this objective might best be served by:

a. putting pension arrangements in place that promise adequate retirement incomes to future generations of workers; this precludes private solutions to pension problems;

b. having today's workers show their commitment to support both the current elderly and older workers as a way of enhancing their claim against succeeding generations; this means OAS and GIS benefits should be increased and an increase in C/QPP benefits should be phased in quickly – possibly with a degree of retroactivity; and,

c. future generations of workers should be protected against sudden and unexpected increases in the C/QPP contribution rate; this can be done under a pay-go funding system through a rapid phasing-in of any increase in C/QPP benefits and by institutionalizing regular annual adjustments to the pay-go contribution rate that are targeted to meet the required rate 20 years hence.

This approach to insuring the permanence of arrangements put in place today avoids the problems associated with a commitment to "full" or "fuller" funding noted above.

My comments on Professor Pesando's paper have now covered a wide range of issues and, as is invariably the case in verbal discourse, much of the foregoing commentary will have been forgotten. Therefore let me conclude with the simple reminder that the key problems before us in the field of retirement income or pension policy are to define reasonable retirement income objectives and to determine the most effective mechanisms for meeting them.

Panelist's Response: Claude Castonguay

I would like to say at the beginning that I am impressed by the presentation of Professor Pesando. In a brief presentation he has successfully put in clear focus the main issues that have emerged from the debate of the past few years on the question of retirement policy and income support. For that reason his contribution should be very helpful to the participants of the workshops that will follow.

In the first part of my comment I would like to discuss a few specific points made by Professor Pesando in his presentation. These brief comments will be to some extent of a technical nature. The second part of my comments will be of a more general nature and will be related to the objectives of the public policy toward the provision of retirement incomes.

I Specific Comments

a) *Coverage*

Professor Pesando indicates that in 1976 only about 50% of paid full-time workers in the private sector between the ages of 25 and 64 were members of occupational pension plans. May I just remind the participants that these statistics go back to 1976, in other words they relate to the situation six years ago. These statistics also exclude the more than two million Canadians who contribute each year to RRSP's.

I do not intend to enter into a long analysis of all the factors that should be taken into account in a discussion on the question of coverage. The point that I want to make with my two examples is the following: the problem of coverage is much less acute than many tend to believe.

b) *Expansion of C/QPP*

In discussing the pros and cons of an expansion of the C/QPP Professor Pesando seems to indicate that those who do not favour an expansion of the C/QPP do so strictly because they are committed to the private enterprise system. I believe that this is a simplification of the question.

Public plans are by definition fairly rigid. Once a public pension plan has been established by legislation it becomes very difficult to modify it in the future for political reasons and because of vested rights. Public plans cannot provide significant options to take into account the multiplicity of problems and situations of the people covered. It is also obvious that the whole question of pensions and retirement is evolving and will continue to evolve.

For those reasons, I believe that we should try to maintain a large degree of flexibility in our pension arrangements. From the point of view of the indiviuals covered, they should have as much freedom as possible in planning for their later years.

In Canada we have tried to develop public services and programs in such a way that the individuals will retain a large degree of initiative. Many people believe that this is the only way in which it is still possible to have a population who will continue to be self-reliant, who will show initiative and be motivated and will have self-respect. If the C/QPP is to be significantly expanded it is my opinion that this balance between government protection and individual initiative would no longer exist.

Finally I do not agree with Professor Pesando when he says that the concerns with respect to the channelling of additional saving through C/QPP are over-stated. He suggests that the difficulty could be resolved by having the funds invested by the employers who collect the contributions.

In my opinion, if the Government expands the C/QPP it will not let the employers be responsible for the investment of funds raised through taxation. Not only does it go against the principle of accountability over taxation but it would raise all sorts of difficulties. Sooner or later these funds would be invested in some way similar to the present method of investing CPP funds or through a body similar to "La Caisse de dépôt".

In both instances this would modify significantly the channelling of investment funds into our economy. Recent events have even demonstrated that the provisions in the legislation to protect the Caisse de dépôt from government interference have not been sufficient. When I consider the deterioration of the Canadian economy and the responsibility that politicians and civil servants must bear for the situation in which we find ourselves, I do not believe that we should take the risk of giving them the additional responsibilities of investing the remaining portion of pension assets now under private sector management. In this context, it is important to remember that the pension fund assets have become the main remaining source of long-term investments in Canada.

c) *Additional Benefits*

Professor Pesando has rightly reminded us that public pension plans cannot deliver additional benefits as rapidly as some people tend to believe. In addition to his very proper comments on this topic, I belive that we should remember that in 1980 the C/QPP accounted for only 9% of the income of retired Canadians. Yet, the C/QPP have now been in operation for more than 15 years. During 1980 private plans provided 11% of the retirement incomes of Canadians and this percentage excludes RRSP's. If we consider that most private pension plans were set up during the 60's and even during the 70's, it is difficult to argue that wage-related public pension plans can deliver additional benefits much faster than private plans.

d) *Occupational Pension Plans* In his presentation, Professor Pesando has listed the main improvements that should be introduced to the occupational pension plans. I believe that we should be conscious of the fact that these improvements will mean additional costs which will eventually find their way in the prices of goods and services produced by firms involved. In my opinion it would be difficult to absorb all these costs simultaneously particularly in the present economic context. For that reason I believe that these improvements should be introduced over a certain period of time or when the economy has improved.

II Objectives of Public Policy

I would now like to turn to the broader aspect of my comments. The objectives of public policy toward the provisions of retirement incomes as quoted by Professor Pesando are two-fold: to reduce the incidence of poverty among the aged and to facilitate the replacement of income for those who cease active work and enter their retirement years.

I suggest that our pension system has been developed on the assumption that people retire at a given age, in most cases at 65, and thereafter cease to have any meaningful activity. I believe that the time has come to challenge this approach and by this I mean that we should go beyond the question of abolishing the concept of compulsory retirement at a fixed age.

In the documents distributed for the preparation of this Symposium we read the following observation:

> The fundamental challenge facing our society is to insure that the growing number of senior citizens will be able to do more than simply live longer. We must find ways to extend the active, productive and healthy middle years into the later years so that we may all continue

> to feel and be useful members of society. (...) Some very fundamental changes are required, changes that are not apt to come easily.

I take it for granted that we agree with the objectives proposed in this challenge.

If people are to have meaningful activities in their later years, this dimension will have to be taken into account in the design of public and private pension plans. Governments, employers, labour unions will also have to recognize that a significant number of senior citizens not only want to continue to remain active but will want to receive some income for their work.

While we all deplore the fact that elderly people could bring a useful contribution to society, we know that there are many very meaningful tasks everywhere and in most sectors of activity which are presently not accomplished. There are numerous factors contributing to this situation: rigid retirement policies, negative attitudes toward the elderlies, work patterns which preclude part-time work, labour contracts which exclude the possibility of people with pension income assuming jobs with lower earnings, rigid methods of funding health, education and social services activities and programmes, etc. Briefly, there are many barriers or obstacles preventing the senior citizens to continue to be meaningfully active. They will not disappear easily.

This is why I believe that a very broad study of the whole question should be undertaken. Such a study would identify the various fields of activity and the types of functions in which senior citizens could make a useful contribution. It could identify the factors which prevent them from doing so at the moment and, finally, it would indicate the ways in which public and private policies and practices should be changed in order to attain the overall objective. The scope of such a study is such that it could only be undertaken under government sponsorship.

It is all very fine to repeat that elderly people should have a more significant way of life. This objective will only be achieved when the senior citizens have been reintegrated into our way of life and into our economy as active participants.

Panelist's Response: Roberto Gualtieri

Jim Pesando has given us a lucid synopsis of some of the major issues in the current pension debate. Professor Pesando has the ability to clarify and simplify which comes with true mastery of a subject.

I would like to comment on four points:

1. income tested benefits
2. private sector reforms
3. the coverage issue
4. his position on expansion of mandatory pension arrangements.

Income Tested Benefits

Professor Pesando recommends that additional government resources be devoted to income tested programs targeted on the elderly poor. In doing so he reflects the conclusions of many studies and observers on the subject.

There can be no doubt that the plight of the elderly poor – especially the single woman living in unsubsidized rental accommodation – is top priority. However, a number of comments are in order:

The 100% tax back rate that generally results from combining the reduction rate for the GIS with provincial top-ups in the six provinces which have them – British Columbia, Alberta, Saskatchewan, Manitoba, Ontario and Nova Scotia – effectively brings everyone down to the same level. The three programs operate like a big OAS but with significant disincentives to working and saving, particularly tax-assisted retirement saving in RRSPs and pension plans (where both the capital and the income reduce GIS entitlement when the savings are drawn upon). Professor Pesando acknowledges this point but dismisses it by stating that income testing is the only efficient means of targeting public resources to the truly needy. I believe that this is too important an issue to sweep under the rug. As a minimum, we should examine the desirability of introducing a modest flat rate income exemption to these programs.

GIS was introduced in the mid-60's for two basic reasons. First, on the basis of the principle of inter-generational equity, it was felt that the working age generation should do something for the elderly generation at the same time that it promised to pay itself higher benefits in retirement through the establishment of the C/QPP. Second it was felt that a "safety net" program for the elderly – free as possible from stigma – was required given the number of elderly who were living in poverty.

In 1981 53% of OAS recipients were in receipt of some GIS. Even if one accepts that some of these recipients, though income poor, are asset rich, 53% represents a very broad safety net. Indeed, it raises the question whether the whole of the pension system is not, in some sense, "too" income tested: should not pensions as a replacement in retirement for earned income generally be a matter of entitlement?

There are a number of reasons why the income-tested part of the retirement income system has increased relative to the entitlement portion. First, there is the great difficulty in amending the C/QPP – which would increase the entitlement portion of the pension system – 2/3 of provinces with 2/3 of the population must concur with changes, and this, in effect, gives the Government of Ontario a veto at this time. This difficulty has probably led to a greater use of the GIS by the federal government than might otherwise have been the case. Second, the GIS increases are much less costly to the federal treasury than increases in the OAS. And third, the existence of GIS encourages provinces to provide relatively inexpensive top-up programs stacked on top of GIS – provincial governments can claim they ensure guaranteed income of so many thousands of dollars while they contribute relatively little themselves. In 1977-78, for instance, GIS cost $1.4 billion while all provincial supplements cost only $200 million. It should be noted, however, that another $500 million in provincial tax credits did go to the elderly. Certainly the high proportion of GIS recipients raises the question of whether an appropriate "balance" exists in the Canadian retirement income system.

Private Pension Plans

Professor Pesando has touched on what appears to be an emerging consensus on improving the employer-sponsored pension system – better vesting, portability, automatic survivors' benefits and increased inflation protection perhaps through the "excess interest" approach.

I have very few comments to make.

First his espousal of five year vesting with a later move to immediate vesting has the disadvantage of requiring employers to adjust their plans twice presumably within a relatively short period of time. Moreover, I wonder whether immediate vesting is administratively feasible given the high labour turnover especially in the first few months of a job. Two year vesting may be an appropriate compromise. This has been advocated by the Canadian Association of Pension Supervisory Authorities – the people responsible for administering the Pension Benefit Standard Acts across the country – in their recent report *A Consensus for Pension Reform*.

Second, Professor Pesando stresses that the provision of inflation protection is not a costless reform. True enough, but it needs to be emphasized that the costs of the excess interest approach to inflation protection are no greater than the cost increases that would be faced by employers without any reforms to the current system if inflation were reduced to zero. Indeed, under the CAPSA proposal for automatic inflation adjustments based on so called excess interest, the costs are less. High rates of inflation and correspondingly high interest rates have in fact reduced the burden of providing un-indexed pensions. These costs would rise again if inflation were eliminated. The provision of inflation protection simply assures that the value of contributions made by and on behalf of pensioners is not significantly affected by fluctuations in the rate of inflation.

Third, Professor Pesando raises the possibility that workers may not be willing to pay the price of pension plans that have fairly rich benefit formula as well as cost of living protection. Of course, employers – and employers and employees in negotiated plans – are free to adjust the benefit formula and certainly some will adjust. Indeed, it has been argued that many pension plans promise nominal benefits that are "too large"; the benefit formula will result in disposable incomes after retirement that are *higher* than those before retirement, particularly for long service employees. For example, the 70% pension dates back to the turn of the century, a time when there was no OAS, no age exemption let alone income tax, and very low employee pension plan contributions. I would welcome the views of other panel members and the audience on what the likely reaction to increased costs will be.

Coverage

Professor Pesando has raised the question whether an extension of coverage should be a policy priority. He notes that those with low lifetime earnings might be made worse off if they are required to join an occupational pension plan, or participate in an expanded CPP/QPP.

Let me try to make a few points on coverage of those with low income.

1. Expanding coverage of the low wage earner seems regressive, largely because of the existence of the GIS.

   However, let me emphasize several caveats regarding this observation. First, if the low wage earner only makes very small contributions to C/QPP because of the Year's Basic Exemption

(YBE – now about $1600), this is an important offsetting factor. Second, the low wage earner will in many cases be the spouse of another wage earner and thus have no prospect of GIS benefits in any case. Therefore, expanding coverage for low wage earners is not always as regressive as Professor Pesando might wish us to believe.

2. I suggested above the pension system may be out of balance with too high a reliance on the GIS. Because of the disincentives to tax-assisted saving posed by the GIS, it loses its character as a safety net and starts to be viewed as a natural source of benefits just like the OAS. In this context, the safety net character of the GIS could be reestablished, for example, by expanding earnings-related pension arrangements so that low income earners build pension benefits over a lifetime during any period of participation in the labour force.

3. Failure of the pension system to cover the low income earners means, in large part, failure to cover women. This can have a particularly negative effect on women whose participation in the labour force is reduced during the child-rearing years.

4. Failure to provide for the coverage of the low income condemns the low income to "welfare" in retirement albeit with a relatively benign income test. Most people I suspect would prefer to receive their pension income as an entitlement. The Canadian Labour Congress has made much of this point in the past.

5. The low income earner, as just noted, is often part of a two earner couple who will suffer a significant decline in living standards if the income of the lower earner is not replaced as well as the income of the other spouse. As labour force participation rates of women rise, this will become an increasingly serious problem unless labour markets change radically, e.g. job ghettos and the wage differential between males and females disappear.

If requiring contributions from those with low income is considered too onerous, a system of offsetting income tax credits, as suggested by Professor Pesando, could be contemplated – presumably this would have to be on a family basis. Other possibilities include reform of the payroll tax itself, for example a graduated contribution schedule or requiring employer contributions on total payroll without a maximum as for employees. This latter idea was suggested in the Cofirentes Report.

Expansion of Mandatory Pensions Arrangements

Professor Pesando argues that an expansion of the C/QPP is likely to increase the tax burden on future generations of workers if expansion is financed on a pay-go basis.

The word *tax* is critical. There is little doubt that the tax burden will increase if for no other reason than the aging of the population. The question on my mind, however, is whether the total *social* cost burden on the working age-population – the public and *private* costs for the young as well as the old – will increase, decrease, or stay about the same. At least one German study purports to show that the total social burden will not increase appreciably as a result of an aging population and the issue is whether this is true in Canada. Clearly some empirical studies on the private costs of the young and the old need to be undertaken.

Because of the potential increase in tax burden, Professor Pesando concludes that a substantial degree of funding is highly desirable (though, he does in my view underestimate the problems of re-cycling funds to productive investment).

He makes his argument after stating that those committed to private enterprise over-emphasize the potential adverse effects of an expanded C/QPP on savings and capital formation.

Surely this is the crux of the matter: as long as the current generation of workers, in promising itself higher pension benefits, at the same time bequeaths to the future generation of taxpayers an expanded capital stock and economy with which to pay those benefits, then there is no problem. Furthermore, there are ways, as Professor Musgrave has shown, to structure one's benefit formula so that is ensures that the working generation does not bear a disproportionate burden in supporting the pensions of the retired generation, even if those pensions are financed on a pay-go basis. These are alternatives which bear looking into.

Professor Pesando uses a similar line of argument to address the question the early phasing-in of benefits: " ... if expansion of the C/QPP is cited as a means of improving 'sooner' the delivery of retirement incomes, it is only because it represents a vehicle through which the present generation can vote itself an increase in benefits at the expense of even higher contribution rates for the next generation of workers". In this quote, Professor Pesando appears to be confusing several different generations. For those younger than age 50-55, rapid phase-in provides no additional benefits, but it does mean higher costs for them. Fast phase-in of benefits is not a tax on the next generation of workers – it is a tax on the current generation of workers who are paying for the benefits of those who are nearing retirement. In the longer run it is the size of the economy and the capital stock that determine the relative burden on the future generations of workers.

En passant it should be noted that the question of higher contribution rates can be misleading. Suppose we put in place a ten year phase-in rather than a forty year phase-in of benefits and suppose we adopted pay-go financing in both cases. The contribution rates fifty years from now would be virtually identical in both cases; there is no great penalty on the next generation deriving from the phase-in.

One final set of considerations. Professor Pesando suggested that those involved in pension reform should remember that the pension system should have an aura of permanence about it. It should not be subject to periodic revision. Without wishing to quibble over the definition of "periodic" I suggest that on the contrary we do need periodic review and possibly reform of the pension system to keep it up to date with changing values and changing economic circumstances.

For example, suppose over the next several decades we see changes in the labour force of similar magnitude as the recent dramatic increase in women's participation rates, changes such as more part-time work and work sharing or sabbaticals for all employees. As well, we should be skeptical about the reliability of demographic projections, especially the aged dependency ratio, when we go beyond twenty years into the future: almost everyone who will be in the labour force over the next twenty years is alive today, while beyond that time projections depend most heavily on expected fertility rates – historically a highly volatile variable. Finally, the state of economics is simply not up to predicting with any degree of certainty the impact pension arrangements will have on levels of saving and economic growth. Thus, it is only prudent to anticipate the possibility that as events unfold, periodic adjustments in such things as contribution rates and the mechanisms for investing accumulated funds will be required.

The last major reform of the pension system occurred in the mid-1960's. The previous major reform before that was in the early 1950's. It is now the early 80's. My guess is that pension reform will be a hot issue once again around the beginning of the next century!

Summary of Discussion Groups

The keynote speaker, Dr. James Pesando, raised a number of issues relating to retirement policy and income support. In his speech he noted that government policy has two objectives:

1. anti-poverty objective.
2. income replacement policy (pension reform).

The focus of one group discussion was on the anti-poverty objective. Income replacement policy in the context of Canada Pension Plan (CPP), Old Age Security (OAS), and Employer-sponsored Pension Plan came under discussion, but the group did not pursue it farther. The other group discussed additional issues concerning survivors' benefits, age of retirement, the position of and benefits for single women and natives, income tax benefits, and Canada Pension.

Discussion on Poverty

One group discussed the poverty among the elderly in general, and among single elderly and female elderly in particular. In the course of the discussion the group identified that, in the age group 55-65, those who are single or widowed live in poverty and are the ones who suffer most. The group noted that this age group is not eligible for Old Age Security and Guaranteed Income Supplement payments. The group was unanimous that singles/widows in the age group 55-65 experience financial difficulties of such a magnitude that they should receive immediate attention. As a suggestion it was felt worth considering:

> *Recommendation 1*: The extension of the Guaranteed Income Supplement (GIS) and amendment to Canada Pension Plan (CPP) survivors' benefits as possible ways of addressing this issue. See recommendation 5 also.

In the course of discussion questions such as what is "adequate retirement income" and what is the definition of "poverty" came under discussion. The discussion centered around the terms, "low income cut-off" and "poverty lines". There was no consensus on this issue.

Some raised questions about how should we distribute our resources in supporting those age 65 and over. In this context, Income in Cash/Income in Kind was discussed but the group appeared to have no definite opinion on this issue.

A question was also raised about the effect on the pension system (particularly the Guaranteed Income Supplement payments) on the dignity and respect for the elderly. Discussion was brief, and no consensus was achieved.

Inflation

The first group noted that during the last couple of years the level of inflation has much exceeded the historical norms, and pension payments in employer-sponsored plans have been left unchanged. Therefore, the purchasing power of many pensioners has declined drastically. In view of this the group agreed to recommend:

> *Recommendation 2*: That the principle of indexing should not only be maintained in plans where it presently applies, but by some

> appropriate means it should be extended to those plans where it does not presently apply.

No opinion was registered respecting the level of indexing or the methodology or principle that should be used to index the pension.

Understanding of the Pension System

In the course of the discussion it was felt that there is a lack of knowledge and understanding of the pension system. The group felt that an effective retirement income system should facilitate personal planning for retirement and mitigate the risk involved in such planning. To do this, the system must be readily understandable by the participants.

Income-Tested Old Age Security

The keynote speaker raised the question: should Old Age Security (OAS) payments be subject to income test? It was argued that any savings from income-tested OAS can be used to increase Guaranteed Income Supplement (GIS) payments. In the course of discussion in the first group, it was noted that OAS payments are taxable; further, if OAS is income-tested, then administrative costs will increase and there may not be significant savings. After much discussion it was not possible to achieve a consensus on this issue. Consequently, no position was taken by the first group.

The second group did not support an income ceiling for eligibility for OAS for the following reasons: people with higher incomes are taxed back so there is already a self-correcting aspect; recognition of fairness/equity (a limit may be a disincentive for saving for retirement); it would be expensive to administer; pensioners would still be able to arrange financial assets to avoid heavy taxation, yet be able to qualify for OAS.

Survivor's Benefits

This issue was discussed in group two, and the following questions examined: Are survivors' benefits fair and equitable or do they discriminate? Should benefit levels be raised? Are benefits deferred compensation? Whose money is it (who has title to pension fund money)? It is difficult for the person to make a rational choice among the numerous options available in survivors' benefits. Clarification of the "ownership" of pension benefits might clarify the confusion about these options. Pension benefits are regarded as deferred compensation by the labour movement.

> *Recommendation 3*: Survivors' benefits should be raised from 50 percent to 70 percent of the pension as a single person cannot survive on 50 percent of a couple's income.

Age for Benefits/Age for Retirement

Group two discussed a proposal (now being raised in the United States) to raise the age for benefits due to the funding crisis. There is a dilemma; there is pressure on one hand to raise the *retirement* age while at the same time there is pressure to lower the *benefit* age. A comment was made to the effect that unions would not encourage any policies which would extend the time a person spends in the work force beyond the normal retirement age; for example, the Canadian Labour Congress would like practices to remain permissive so each group of workers can decide for themselves.

> *Recommendation 4*: The age for benefits should not be raised. From a social viewpoint mandatory retirement should be abolished. The group recognizes that early retirement may be a change of career rather than a withdrawal from the work force.

Benefits for Single Women

The discussion in group two identified single older women as being in a more difficult position financially than older men. The difference seems to lie with pre-retirement earning power. There is a greater likelihood that single females may have to apply for financial assistance and endure whatever stigma is attached to this – this is particularly so for those between the ages of 60 and 64.

> *Recommendation 5*:
>
> a) Long-term solution – correct this problem by eliminating pay discrimination in the work place;
>
> b) Short-term solution – the government should examine the difference in levels of support for single persons versus couples and develop legislation which is neutral (i.e., which neither encourages nor dissuades people to change their social lifestyles/relationships due to monetary or support advantages/disadvantages). Some type of pension should be paid to single persons, for example social assistance reallocated or earmarked with a different (more socially acceptable) label.

Natives

The discussion in group two indicated the group had little information regarding native people and what effect, if any, being a native had on eligibility for various benefits.

> *Recommendation 6*: Research and data gathering regarding native people (treaty and nontreaty) in Alberta be undertaken.

Tax Benefits

In group two there was concern expressed about the possible elimination of the $1000 deduction for those persons under age 65 receiving private pensions. Persons felt this deduction helps to pay for benefits provided free to persons 65 and over. It was also suggested that the income tax impact on pensions is greater than that on persons working who have the same taxable income (inflation is harder on pensioners). There is a need for counselling about finances in retirement, and concern about the effect of changes in taxes when one of a couple dies.

> *Recommendation 7: Government should re-examine the impact the* possible deletion of the $1000 deduction would have on retired persons under age 65; should consider lowering the tax rate for pensioners and raising the basic deduction; should consider deflating the fixed part of income *before* taxes. There should be a ceiling for high incomes above which these special tax benefits would not apply.

Canada Pension Plan and Private Pensions

Following considerable discussion in group two about the Canada Pension Plan (e.g., should it be enhanced? Who pays? Is the fund in trouble? Who controls the revenues?), the remaining time addressed questions of portability, vesting, indexing, participation and survivors' pensions in the area of private pensions.

> *Recommendation 8*:
>
> a) Make pension portability mandatory for those employed over two years in one firm;
>
> b) Employee involvement in the plan's administration should be mandatory;
>
> c) Present and future pensions should be indexed to the Consumer Price Index;
>
> d) Pension funds should be protected against bankruptcy;
>
> e) Private pensions must provide a basic level of coverage;
>
> f) Private pensions should provide a survivor's benefit of at least 50 percent of the pension and probably 70 percent, and the estate should receive the value of the account.

B. STRENGTHENING PERSONAL SUPPORT SYSTEMS

Keynote Speech: Elaine Brody

Strengthening Personal Support Systems

It is with considerable diffidence that I, as your guest from another country, approach my assigned task of suggesting how to strengthen the personal support systems of Alberta's elderly people. I am encouraged to do so, however, because the broad demographic and social trends affecting that task are similar here and in the United States. Moreover, the central issues with which you are concerned are paralleled by the issues (and dilemmas) with which we are preoccupied in the United States and which have emerged in most industrialized nations.

The specific questions I have been asked to discuss are: What should be the role of the informal or natural support system of family and friends vis-à-vis the role of the formal support system of government and agencies? and, In what ways can the informal system be encouraged and supported?

As we explore those questions in search of solutions, we must be clear about our goals, for goals stem from values, and values ultimately determine what actions we take (or fail to take). J. Grimley Evans has articulated the goal with clarity and simplicity. The goal should be, he stated, to enable " . . . old people suffering from physical or mental disability to live where they would wish to live if they were not disabled . . . The aim of assessment, treatment and rehabilitation services is to improve their functioning to a maximum consistent level and if this is still inadequate we must reduce the demands of the environment" (1980).

In that framework, three inter-related objectives are suggested:

1. To enable older people to live in the community as long as possible (for that is where they wish to live) and to do so in a state of maximum well-being.
2. To provide quality institutional care and other types of living arrangements for older people who need them.
3. To enhance family care while preventing families from experiencing undue stress that ultimately could add to society's social and economic costs.

All three objectives involve the older person's personal support system. If, therefore, they are to be translated into action, the relevant facts should be examined – the facts about family behavior toward the aged (so often misunderstood and subject to so many myths) and the facts about the social context in which that behavior occurs. The facts are important, for depending on what they are, we can take different paths. If, for example, the family has the capacity and willingnes to care for older people who need long term support, little would be needed in the way of a formal system. If the family has the capacity, but not the willingness, then our efforts should be directed to encouraging the family's efforts, rather than burdening the taxpayer with the cost of health social services. If, however, the family is willing, but does not have the capacity to provide all the services needed by its elderly members at all times, then a responsible society must develop the programs needed to buttress and supplement the family's efforts.

The issues with which we are concerned derive from the radical demographic changes in this century. The first such change is, of course, the dramatic increase in the number and proportion of older people in the population. While the proportion of people 65 and over is smaller in Alberta than in the United States (7.5% vs. 11.2%), that difference undoubtedly is due to your in-migration of young people. However, the age *structure* of our elderly populations is strikingly similar: In both Alberta (where you have 138,000 people over the age of 65) and the United States (where there are 25 million), about 38% of the elderly are 75 and over and about 9% are 85 and over. Though there are no precisely comparative data on the functional capacities of those respective elderly populations, it is likely that the proportions in need of help are similar: 15-20% are in need of significant amounts of help on a continuing or intermittent basis, and research-based calculations in the U.S. indicate that about 30% of the non-institutionalized elderly need one or more services.

Particularly pertinent to the implications for social planning – to the nature and number of services required and the number of institutional and service-supported housing beds needed – are data about the shifting age structure within the aging population itself. People between the ages of 75 and 84 have been increasing more rapidly than those between the ages of 65 and 74, and those 85 and over have been increasing most rapidly of all. That trend will continue. The most rapid increase, then, will continue to be among those who are most vulnerable to the mental and physical impairments and social assaults that lead to dependence on others for day-to-day help.

The second demographic trend influencing the care of older people is the decline in the birth rate in both our countries that occurred during the same time span in which the elderly population grew (except for the bump in the curve caused by the post-World War II baby boom). The net result of those two trends combined has been to alter the ratio of people in need of care to those who can provide it – that is, the pool of family members available to help people in their old age has been reduced.

Not only the proportion of caregivers to those in need of care has changed, but the characteristics of the caregivers have changed as well. Since family members age together, the more and more people who have survived to advanced old age have children who also are older. Recent data in the U.S. tell us that 40% of people between the ages of 55 and 59 have at least one surviving parent as do 20% of those who are 60-64 and 10% of those 65-69 (NRTA-AARP, 1981). The children on whom the very old depend, then, most often are in middle age and even early old age and many of them are grandparents themselves. Their capacities to provide help may be qualified by their own situations – they may have age-related chronic ailments, be facing retirement or already be retired, have lower energy levels, and be widowed and/or suffering other interpersonal losses.

Against that background of changes in family structure and composition, what are the facts about family behavior? Research in the U.S. and abroad has disproven (though not dispelled) the stubborn myths that mask the facts. It has been established beyond doubt that ties between the generations continue to be strong, adult children fulfill their responsibilities, and the amount of care provided by the family dwarfs that provided by the formal system. Most older people realize their wish for households separate from those of their adult children, but they also realize their wish for proximity to and frequent contact with those children (Shanas et al., 1968).

Most impaired older people in the community receive the bulk of their care from families, often for long periods of time. Help given by friends and neighbors is important, but it does not approach in level or duration the help given by family (Cantor, 1977).

Institutionalization of the old is the last resort, in the main taking place when families have explored all alternatives and often exhausted themselves in the process. And, in the U.S., those in institutions have fewer family supports – the vast majority of them are not married (they are widowed, divorced or never-married), fewer of them have any children, and those who do have children have fewer of them than the non-institutionalized elderly (see Brody, E., 1981 for review).

Parenthetically, concern has been expressed that you have too many old people in institutions here in Alberta – 12% of them are in lodges, nursing homes or other institutions. The difference between that proportion and the 5% figure of those in institutions in the U.S. may be explained at least partially by differences in nomenclature. The 7000 people in your contract nursing homes, for example, constitute 5% of your elderly, a proportion similar to that usually cited for the U.S. An additional 5% (6,632 beds) are in your "lodges". In the U.S. about 2-3% of our old people are estimated to be in boarding homes (many of which are bootleg nursing homes in which people reside whose characteristics are similar to those of nursing home residents) and another 6-7% are in age-segregated housing (Lawton, 1982).

To return to the role of the family –

Because of the multiple responsibilities the middle-generation of adult children often assumes nowadays for the old and the young, it has been characterized as the "patron" (Hill et al., 1970), "keystone" (Fogarty, 1975), "caught" (Vincent, 1972), or "sandwich" generation (Schwartz, 1979). Research has made it clear, however, that in relation to care of the aged, the word family most often means the women in the family. Elderly wives (helped by daughters) are the caregivers for impaired husbands, while daughters (and to some extent daughters-in-law) usually have the responsibility for the widowed older people (Shanas, 1979; Sussman, 1965; Townsend, 1968) who constitute more than one-third of the elderly population here and in the United States.

The role of women as caregivers reflects the cultural assignment of gender-appropriate roles; the data do not imply a lack of family feeling or responsibility on the part of sons. The pattern that is still widespread is that the bulk of parent care as well as child care is the responsibility of women. While daughters provide most of the help needed (household maintenance, personal care, mobilization of non-family services, response in emergencies, and so on), one study found that sons of widows help with financial management and funeral arrangements (Lopata, 1973). In another, sons became the primary caregivers only in the absence of an available female sibling. Those sons tended to provide less extensive support to the parent than did their female counterparts, they were less likely to help with instrumental and hands-on services, and they reported less stress. The investigator suggests that daughters experience more strain because they provide more services, have multiple responsibilities, and are less likely to receive emotional and concrete support from their spouses (the daughters-in-law helped their husbands). In addition, she points out, the daughters may also have responsibilities as daughters-in-law (Horowitz, 1981). One can't help wondering whether male caregivers experience less stress because of prevailing values: the role of men remains more clearly defined, with breadwinning accepted as their primary responsibility. By contrast, women's values about their various roles may compete, leading to emotional stress from establishing priorities.

Despite the demographic developments that have multiplied the demands for caregiving to the old, families (women in particular) have continued to provide care; they responded to the need to increase their caregiving activities. Meanwhile, however, another major social trend occurred that may be having a significant impact on the family's caregiving capacities.

In both our countries, middle-aged women have entered the work force at a rapid rate. Of women between the ages of 45 and 54, 54% in Canada and 60% in the U.S. now work (U.S. Department of Labor, 1981; Statistics Canada, 1980); of women 55-64, almost 34% in Canada and 42% in the U.S. are also in the labor force. In both countries, the most dramatic rise has been among married women. We are not unique; a similar situation occurs in the United Kingdom and Denmark, for example (U.K. Statistical Service, 1979). What you tactfully characterize as the "dual career" family and we bluntly call the "double income" family, is now common. Since most women work because they need the money, economic conditions combined with the influence of women's changing life-styles make it unlikely that the trend will be reversed.

Is caregiving to the old always a natural, expectable, manageable role for aged spouses or for aging children? It is illuminating to look at the results of some research on the effects of caregiving, research that has been sparse in the past but now is receiving more attention.

Years ago, the classic Grad and Sainsbury studies (1966) in England and more recently, Gurland's study of older people in New York and London (1978) found that the care of ill, older people negatively affects the mental and physical health of family caregivers. Many caregivers experienced insomnia, headaches, irritability, and depression. Care of the old often restricts the family's social and leisure activities, disrupts household and work routines, causes family conflicts, reduces income, and may even have adverse effects on young children. Various investigations noted strained family relationships, divorce, conflict, problems with grandchildren (Archbold, 1978) and household strains and tensions (Newman, 1976). Elderly wives of disabled husbands may suffer from isolation, loneliness, economic hardship, role overload, and low morale (Fengler & Goodrich, 1979). Nonetheless, investigators are impressed with the amount of stress families are willing to endure to maintain their elderly relatives at home (Zimmer & Mellor, 1981; Grad & Sainsbury, 1966).

At the Philadelphia Geriatric Center, we have been studying families containing three generations of Philadelphia-area women in order to examine attitudes about family caregiving and preferences for sources of services, as they may have changed over time in response to demographic and social trends. In looking at the characteristics and situations of the current generation of middle-aged women in our sample, we found that the older they were, the more likely they were to be providing substantial amounts of help to their mother. Of those who were providing some parent care, the average number of hours of help given per week rose from three hours when the daughters were in their forties, to 15 hours when they were in their fifties (Lang & Brody, 1980). As these middle-generation women grew older, the type of care as well as the amount of care changed; personal care to their increasingly older and more impaired mothers became necessary. The older the midyears women became, the more likely they were to have the impaired elderly mother in their own households. And the older the middle years women were, the more likely they were to be widowed and to have lower incomes, and the less likely they were to have their own children at home.

The data from our study are supported by an analysis of a national data set (Soldo, 1980). As women age from 40 to 60, the number having older people in their households rises steadily. As in our study, the proportions were similar for working and non-working women.

There is very little information available as to the effects of women working on the nature and amount of services they provide to their elderly parents. In our study, the working and non-working midyears women provided roughly similar amounts and types of care, though work "pulled" slightly from the amount and care given (Lang & Brody, 1980) A similar hint as to the relationship between work and care provision emerged from another analysis of a national data set (Soldo & Sharma, 1980). Families who contributed to the financial support of an institutionalized elderly relative were compared with families who provided the needed care in their own homes; the families with working middle-generation wives were slightly more likely to purchase institutional care than to share their homes. It is emphasized that in both studies the tendency was slight; the research does not indicate a widespread or significant reduction in parent care by working women. Those tentative findings, however, underline the importance of monitoring such patterns and conducting considerably more research.

Whatever their work/non-work status, how do caregivers manage as responsibilities peak in middle years? Our data (Brody et al., 1982) and Cantor's data (1980) agree: the leisure activities of caregivers (their own free time) are curtailed before family and work responsibilities are affected. Small wonder that two-thirds of Cantor's New York sample reported a great deal of emotional strain and almost half reported a great deal of physical strain. There is evidence that emotional strains are the most pervasive problems for adult children who are the primary caregivers to a parent, followed by restrictions on time and freedom, and family relationship strains (more with siblings than with spouse or children) (Horowitz, 1981).

I am convinced that in the legitimate urgency we feel about developing concrete helping services, the emotional strain experienced by caregivers is under-rated and under-attended. The practical problems of managing multiple competing demands on time and energy, of the sheer physical demands, and of the unpalatable nature of certain tasks may indeed be visible and severe. But clinical experience as well as research indicates that those problems often are accompanied by the stress of setting priorities, of adjusting competing values, and of family relationship problems that are stimulated or exacerbated by the crises of caregiving to the old – problems between husbands and wives, among siblings, and across the generations.

When such emotional strains are experienced by the caregiver – and they can be devastating – they inevitably affect the elderly person and all members of the family. It is essential, therefore, that skilled counselling services be given to ameliorate such problems to the fullest possible extent. Such psycho/social service can be the critical factor in preventing the emotional point of no return and are as important as financial help or concrete services and programs.

A related form of stress on families derives from the fact that they are the ones to whom older people turn for advice and help in health crises, they are the ones who often function as the link to professional help, and they are the ones who give the on-going health care. Their anxiety is increased if they are not given full information, if they lack knowledge about the nature and course of the ailments, or about available health services and resources, or if they are not fully involved in planning for the older person's care. The importance to health care utilization by older people of information-dissemination has been well documented here in Alberta by Snider (1980a, 1980b). Educational programs for families are equally important to provide them with the information they need so that they can function effectively as the partners they are to professionals in planning and implementing treatment.

In any event, it is becoming apparent that theoretical formulations of the family life stages ending in the peaceful, responsibility-free Empty Nest stage must be re-thought. For many of the middle-aged, the traditional Empty Nests are being refilled with impaired older people, either physically or figuratively in terms of increased responsibilities for parent care. At a time when cost/benefit approaches are emphasizing the dollar cost of services, the hidden costs are becoming visible. Those hidden costs may be converted to dollar costs if the stress on the middle-aged and aging caregivers triggers their own physical and mental breakdowns.

We have characterized working, parent-caring, middle-aged women as "women in the middle." As the phrase implies, they are women in the middle not only because they are in middle age and in the middle from a generational standpoint, but because they are in the middle in that the demands of their various roles compete for their time and energies. To an extent unprecedented in history, their roles as paid workers and as caregiving daughters and daughters-in-law to dependent older people have been added to their traditional roles as wives, homemakers, mothers, and grandmothers. We conjecture that many of them are also in the middle because they experience pressure from two potentially competing values: the traditional value that care of the elderly, children, and other family members who may need it is their responsibility and the new value of women doing out of home work.

The focus on women in the middle is not intended to obscure the fact that many non-working women, some sons, some grandchildren, some siblings, and even some nieces and nephews are also in the middle. And older people without any relatives to be in the middle are uniquely deprived.

What influence have the vastly increased pressures for parent care had on family attitudes and behavior? Have they resulted in weaker feelings of responsibility for their old? in less care? Let me assure you that by all indications, families have remained steadfast in both their *values* and *behavior*. In our three generation study, there were no generational differences in attitudes about family care: the overwhelming majority of women in all generations expressed their firm commitment to family responsibility and dependability. There was a generational trend regarding gender-appropriate roles. Though the vast majority of each generation of women (and some middle-generation husbands interviewed) had favorable attitudes toward men sharing equally with women in, for example, parent care as well as child care, each successive younger generation had progressively more favorable attitudes. Those egalitarian attitudes, however, were not reflected in behavior; the adult daughters, as expected, were the principle caregivers. Interestingly, however, a majority of all generations agreed that it is better for a working woman to pay someone to care for her elderly mother than to leave her job to do it herself.

Most women in all three generations agreed about what specific adult children in other families *should* do and *should not* do to behave responsibly toward an impaired widowed mother. They felt that those children *should* adjust their family schedules and help to pay for needed professional care for an impaired parent, but that they *should not* be expected to adjust their work schedules or share households with the older person. The opinions of all generations took into consideration the individual circumstances and competing responsibilities of the adult children. They were likely, for instance, to expect more of a non-working daughter than of a working daughter. Despite the overall endorsement of egalitarian gender roles, there were vestiges of more traditional views. For example, all generations were more likely to expect working daughters than working sons to adjust their work schedules to help their mothers.

Of central importance to your concerns here is information about the appropriate sources for various services as expressed by the women in our study – that is, their own personal preferences regarding family vis-à-vis support from the formal system when they might need help in old age. The majority of each generation preferred an adult child for confidante (i.e., provider of emotional support or someone with whom to talk over problems), and as helpers with financial management. The actual behavior of these women reflected that preference. Most of the 71% of the older people who were widowed named adult daughters as confidantes. The picture is very different with respect to receiving money for day-to-day expenses. Half of the oldest, less than a third of the youngest, but only 14% of the middle-generation women chose children for help with expenses. The middle generation preferred more than the oldest generation to have non-family service providers of personal care and household tasks when projecting their own needs in old age. Those middle-aged women – and they are the next cohorts of older people – may be feeling the pressure of multiple responsibilities or observing such experience among other family members and peers. They may be expressing the wish to spare their children such burdens.

All generations placed friends/neighbors and volunteers low on the list of helpers for all types of services. But it must be remembered that all of the oldest two generations of women in this study had at least one daughter: the data do not speak to the wishes of childless old people.

An additional word about that research – In examining the role behaviors of those three generations of women in longitudinal time perspective, we found strong evidence of the continuity over time of the amount of emotional support received and given by individuals, and reciprocity among the generations at given points in time and across the generations (Fulcomer et al., 1981). In another study, the closer the affective bond, the more care was actually given (Shindelman et al., 1981). Such findings support clinical knowledge about family behavior: Whatever their quality or level, emotional family bonds continue throughout life and are perpetuated down through the generations.

That fact deserves emphasis because from time to time new slogans emerge, become popular, and mislead us in our search for solutions. A recent slogan that has emerged in the U.S. is "incentives," a word that has insinuated itself into discussions of how to foster family support services. The dictionary meaning of "incentive" is "something that incites or moves to action": the synonym is "motive".

Families have not needed and do not need "incentives" to move them to take care of their old. What they need is help with their efforts to do what they want to do and have been doing – often exceeding their capacities. To imply otherwise is to breathe new life into the myth of abandonment. The evidence indicates that economic help and social/health support services *do not determine* the family's decision to provide care; such assistance *enhances care*, but does not induce people who would not otherwise do so to become caregivers (Sussman, 1979; GAO, 1977; Zimmer, 1977).

We all know from experience that families differ in the quality of their family relationships. A warm, caring family does not suddenly abandon an old person who becomes ill; nor does a family characterized by estrangement suddenly become loving at such a time (Brody & Spark, 1966; Spark & Brody, 1970). To underline – not only was strong commitment to family help expressed verbally by all generations in our study (the youngest generation even more strongly than their mothers and grandmothers), but the level of mutual, emotional support among the generations was continuous and reciprocal over time (Fulcomer et al., 1981). We need not fear, then, that current and future generations will become unfeeling or will stop doing what they are able to do to help their old. Formal supports will support and supplement their efforts, not bribe them to give care they would not otherwise provide.

A realistic approach to strengthening older people's personal support systems, then, requires as a first step an objective and realistic approach to assessing the capacities of those family support systems. Too often, assessment of older people to determine their service or placement needs focuses narrowly on the older individual alone and makes the unwarranted assumption that adequate service-provision is ensured by the sheer existence of a family member no matter the age, health, geographic proximity or other characteristics of the potential caregiver.

The information summarized above must be seen in the context of basic principles relevant to strengthening personal support systems:

First, given the present and future demographic and social situation, it is accepted as a given that an either/or approach – formal *versus* informal supports – is inappropriate. The issue is to determine what the mix of supports from both sources should be – that is, the nature of their partnership. It has been many decades since solutions to the dependencies of older people moved beyond what have been called the "self-solution" and the "kinship solution" to require "societal solutions" (Blenkner, 1969). Social policy has a responsibility to provide supports that cannot be provided by self and kin.

Second, the heterogeneity of older people and their families is clearly underlined. No global statements can be made about what "their" attitudes (or expectations or preferences) regarding the care of the elderly are now or will be in the future. Mainstream trends point unequivocally to certain social policies. But those policy and planning directions should provide options to accommodate individual differences, such as those based on sex, marital status, socioeconomic status, and ethnic background. (The latter factor is of particular importance here in view of the ethnic diversity of the Alberta population.)

Third, there is another source of variability that derives from the uneven effects of broad social trends. Changes in preferences for the sources of care are not always consistent or predictable within individuals or within age-cohort groups. Therefore, if social policy is to keep pace with social changes by developing programs and services that are responsive to emerging needs, behavior within aging families will require constant monitoring as will the fallout effects on caregivers and families.

Fourth, there is no doubt that depending on others for help has different meanings in different circumstances, even for the same individual. The meaning of needing help may differ with the specific kind of help that is needed (e.g. housework, emotional support, financial support, personal care), with the source that one turns to (e.g., formal programs, friends and neighbors, family, even different members of the family), with personality and lifestyle, with the stage in one's life when help is needed, and with a variety of other situational factors. The principle of variability about receiving help applies equally to the meanings of *providing* help of one kind or another to one person or another. In that light, a regrettable confusion exists among some professionals as well as policy makers and the public about the meaning of "helping one's older parent(s)." Generalizations are often made about children doing or not doing what they should for their dependent elderly, failing to discriminate among very different kinds of help and lumping all kinds of help under one meaningless rubric. Such simplistic, undifferentiated expectations pose a major impediment to the development of appropriate policies and programs.

Fifth, while more sharing between men and women may occur in the future, this process is likely to be very slow and uneven in developing, and multiple patterns undoubtedly will continue to be the rule. Moreover, it must be remembered that simply redistributing women's former responsibilities would not be a solution to their "role overload"; with the addition of women's jobs and the vastly increased needs for parent care, the total package of responsibilities is now much larger.

The path to strengthening the personal support systems of older people lies in strengthening the formal support system. The urgent needs of caregiving families should be met by a responsible social policy that gives high priority to buttressing and supplementing their caregiving efforts.

While the need for formal supports is obvious, public and voluntary programs and services cannot entirely replace family services, nor do families want or expect such total substitution. The task is to sort out the services that families can continue to provide and those that should be provided by the community. Information at hand provides some indications of the form that such a partnership between family and community can take.

Remembering Evans' goal (to enable older people to live where they want to and to reduce the demands of the environment for those who cannot), public policy should move in the following directions:

Income supports and medical costs for older people. – Research has indicated acceptance of the role of government in providing income and medical costs for older people. Not only is such help beyond families' capacities, but older people prefer and expect those supports to come from the formal system. The income floor for the aged, then, should enable them to meet their day-to-day needs adequately without financial aid from their adult children and should be sufficient for the elderly to live in separate households (that is their expressed preference). However, those who wish to or who must share households with children should not be penalized for so doing (as is now the case in the U.S. in reduced SSI payments).

Low income housing for the elderly, housing with services, and institutional facilities. – A variety of housing options are needed to meet the needs of a heterogeneous elderly population. Built-in services in a variety of housing arrangements play a role in delaying or avoiding institutionalization for some people and make it possible for many others to live at improved levels of health and well-being. At the same time, high quality institutional care should be available in sufficient quantity to meet the needs of older people who no longer can live in the community.

Financial relief for caregiving families. – Inadequate family finances should not impede their provision of services to the elderly. There are many forms of such relief such as tax rebates, direct payments for caregiving or for paying professional caregivers, and other mechanisms.

Family-focused services. – Concrete services should be based on the needs of the older person and on the needs of the caregiving family as well so as to support its efforts. (This implies assessment of family capacities and resources as well as functional assessment of the older individual.) Examples of such services are respite services (day care or temporary institutional care), transportation, in-home household maintenance, and personal-care services. These should include a range of options to accommodate people's needs as they change over time. In short, the theoretical continuum of care should be filled in.

Counselling and educational programs. – Such programs are needed to ease the emotional stress experienced by older individuals, their caregivers, and families as a whole. Staff at all places of professional contact with older people should be sensitized to the issues involved – not only to offer counselling directly, but to take account of family factors in establishing eligibility for services and to make appropriate referrals for counselling. Educational programs for families should be developed to communicate accurate information about health problems of older people.

In addition to programs and services that public policy can and should establish, family caregiving should be assisted in the following ways:

Increased dissemination of information about available programs and services. – Knowledge about existing programs is essential to enable eligible elderly people and their families to avail themselves of the services they need.

Efforts to monitor trends and changes over time. – The reporting and forecasting of conditions tied to major social indicators should take into account the critical question of whether family caregivers will be available to meet the needs of the ever-increasing elderly population. In order to identify changing conditions and needs, continuing research is necessary on the demography of aging families and on their changing attitudes, preferences, and behavior.

Public information programs that focus on the responsible behavior of adult children. – These are necessary to correct widespread negative attitudes (i.e., the myth that adult children shirk their responsibilities) that hamper policy formulation and exacerbate family stress.

Increased sensitivity of employers to the responsibilities of parent care. – Employers (in both government and private industry) should be encouraged to explore and implement practices such as flextime and sabbaticals to accommodate their employees' needs to provide parent care.

Finally, it is recognized that public policy cannot "do it all." The strain to which many of the older people's family caregivers are subjected may not be totally preventable. They will continue to provide emotional support to the old, perform intimate functions, respond in emergencies, coordinate care, and perform many instrumental and personal services. Many women will also continue to do out-of-home work because of career commitment or economic necessity or both. They will try to balance these activities with their responsibilities to their husbands and their children, who inevitably will also be affected. Though social policy cannot offer a panacea for all the problems that families experience, it does have the responsibility to acknowledge forthrightly that *families can't do it all* either – and to mitigate their strain to the fullest extent possible.

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Panelist's Response: Sharon Abu-Laban

In the current climate of economic uncertainty, high unemployment and double digit inflation, many governments are looking for innovative ways of curbing expenditures in order to balance, or at least realign faltering budgets. As a result, some existing social programs may be altered or even eliminated. Unfortunately, in the hierarchy of formalized helping, programs designed specifically for the aged may run the risk of being among the first victims to cost effectiveness campaigns (Beattie, 1976; Kerschnew and Hirschfield, 1975). Cost cutting measures directed at services for older people are likely to focus on getting the family to "do its job". Programs for the aged can then be reduced and the "family" will step in to fill the void and meet the needs of elders.

In fact, research evidence consistently points to the fact that many family members *already* provide a good deal of care to impaired elders (Shanas, 1979). Families are, in fact, the major source of service and health care to the impaired aged (Horowitz, 1981). Further, relatives do not easily place their elders into institutional settings; in fact the presence of living relatives tends to be a deterrent to institutionalization. Nonetheless, it is probably true that, under altered conditions, families might do even more...or do what they do – more effectively. The intent of this discussion, however, is to focus on some of the *risks* which may be involved in shifting still greater responsibility onto family units. These risk areas may necessitate protective strategies. Two areas of risk will be examined. These are:

1. some hazards in family caregiving; and
2. the risk of cumulative disadvantage for female caregivers.

Some Hazards in Family Caregiving

Our society tends to romanticize the family and the notion that at some golden point in the distant past, elders had a more secure family role in multigenerational households. In fact, the reality of this belief has been questioned (Abu-Laban, 1980b).

Old laws in the books of some provinces, officially require children to give support to aged parents, but in practice, the family of formal obligaton no longer exists. Anderson (1977) has noted that historically, the "Poor Laws" which compelled families to support their aged, were linked with intergenerational tension and animosity. He argues that the introduction of systematic state assistance and pension systems made the older relative less of a financial liability and contributed to an improvement in the "quality" of relationships between older people and their kin.

Contemporary evidence suggests that a sizeable amount of care and support received by elders is from relatives. Shanas (1979), using nationwide U.S. probability surveys, found that over half of bedfast older people lived with a relative (including spouse or children); kin performed 80% of the household chores for such relatives; of housebound males, 65% were cared for by their wives. Care by children was usually given by daughters. The percentage of assistance given by social services, on the other hand, was only 1% to 2% of the total. Further, Neugarten and Havighurst (1976:5) found that the more dependent, ie. the older and sicker the parent, the more likely he/she is to live with children. Currently, on a voluntaristic basis, aged people find a great deal of support from at least some kin. In fact there is often reciprocal exchange (although not identical in kind) between the generations.

It is important to recognize, however, that there are limits to kin support of the aged. The family is not the ultimate panacea. Government services are more extensive than any other previous historical period, yet there are burdens imposed by the large proportion of aged people living to very advanced age and hence subject to coping with long-term disabilities (Somer, 1982). We have greater numbers of people living to advanced age, and, for some cohorts, proportionately fewer living children to care for these aged people, should help be necessary or desired. Families do help. Families can help. But, for how long? The duration of time required for care may be greater now, thanks to medical advances which prolong lives further than at an earlier point in historical time. However, the ability of families to give aid may, in fact, erode over time. Eggert *et al.* (1977) found that families' willingness to continue providing home care services decreased by 50% after an aged, disabled, relative was hospitalized for a *second* time. Families cannot perform all service tasks alone. There are limits and these limits must be recognized.

Further, the heterogeneity of families and of older individuals must be recognized. Popular writings, as well as analytical convenience, lend to grouping kin units under the common rubric of "family," and, as well, grouping older people under the common rubric of "the aged" or "seniors". A danger in this is that important and significant variations between families and between older individuals may be overlooked. While they may legitimately be grouped under "types", the blanket assumption of homogeneity contributes to befuddled generalizations. As an example of this heterogeneity, it is interesting to note that in Canada, co-residentiality, varies from east to west, with a significantly higher proportion of older women living apart from kin in the western provinces (Fletcher and Stone, 1980).

The extent to which families meet needs as defined by society or by older people themselves, obviously varies. There are major cultural messages which stress the ideal of filial piety and it is the case that many family members strive, past the breaking point, to meet the needs of older members and to provide informal care. At the same time, the cultural inclination to romanticize the "ideal family" which is able to encompass the love and care of several generations, must be tempered with the sober realization that not all families can meet this "goal" – even with government help.While family life may nourish its members, it is also the case that some families can be dangerous to the mental and physical health of some older people.

Violence within the family has only recently been opened to major discussion, among these we find an increasing concern with elder abuse. Accurate figures are difficult to acquire. However, a recent U.S. House-Senate Committee estimated between 500,000 and 2.5 million cases of elder abuse (Geriatric Nursing, 1980). Abuse can take many forms, from psychological harrassment to physical violence. A recent report (Medicine Hat News, 1980) claimed, for example, that a Detroit grandmother was frequently awakened in the morning by her grandchildren, who asked why she hadn't died during the night, in order to free her bedroom for another family member. After a few years, the grandmother "vacated" her room by committing suicide.

It would behoove policy makers to be aware of the possibility of misadventure in promoting the family as an alternative to funded care giving. Non-autonomous, dependent older adults, dependent on the beneficence of kin for their maintenance and survival, bear resemblances to the vulnerability and dependency experienced by children. In a sense, at both extremes of the age continuum, there are commonalites in terms of their susceptibility to violent kin interaction. Further, both dependent elders and dependent children exhibit a reluctance to report on their families, partly because of a feeling of personal shame and partly because they have few feasible alternatives.

In recognition of this, Steinmetz (1982:307) asks: "...who will be responsible for the elderly? Who will assume the cost of 'elderly-proofing' care-providing children's homes when elderly kin must reside with them? Who will provide education to these offspring who have no alternatives but to assume the care of their aged kin in their own home? Who is responsible for providing support systems to aid families who have elderly kin reside with them?" In point of fact, for some older people, as for some children and some wives, the safer and happier place to be in is outside the arms of kin, beyond the violent embrace of the family.

When considering the family as a major resource in the care of the aged, demographic limitations must also be assessed. There are now more situations where there are multigenerational families – four or even five generation families (Shanas, 1981). Hence, there may be *two* senescent generations, perhaps feeling responsible for the care needs of each other. In some cases the oldest generation is caring for the younger generation, who is a senior citizen as well. How, one may ask, does a "younger" family member, perhaps 70 years of age, care for a dependent 90 year old parent? The responsibilities which may fall on a single, perhaps physically frail caregiver, can threaten the functioning of many family units. Not enough is known about the pressures which are experienced by those parent-child dyads where both members are aged.

Family relations are often defined in terms of spouse or children. Yet an estimated 20% of older people are without living children (Abu-Laban, 1980a). If supports and caregiving are sought through filial ties, it is important to note that these are unavailable to some people. Still other older people may have a child or children, but these kin, for a variety of possible reasons, are, for all intents and purposes, functionally nonexistent. These demographic realities combine with the dynamics of the harsh psycho-social interior of some family units to sound a note of caution for those aiming to intensify the aid and service given by kin to older relatives.

The Risk of Cumulative Disadvantage to Female Caregivers

Women are and have been the basic caregivers to the aged. Concerns about family responsibilities *vis-à-vis* aged relatives reflect, in large part, a hidden concern with the basic role of women. As women's roles have undergone change, questions have been raised regarding the possible effect upon aged relatives. It has been argued, for example, that as women increase their labour force participation, they are less likely to give care to the aged (Azouri, 1982). Yet, the opposite has been argued as well, ie. that if women are employed outisde the home, the services of aged relatives will be needed and the aged can have a more secure place within the family (Forette, 1982). The validity of these disagreements is still open to empirical test.

In point of fact, many women provide voluntary services to aged relatives at great personal expense. Despite contemporary emphases on self development, particularly through gainful employment, women are unlikely to abandon sick husbands or sick parents or parents-in-law. Females faced with such situations tend to be responsible citizens in a society which not only fails to reward or acknowledge their nurturant contributions, but, it will be argued, in a society which may indirectly penalize some caregivers.

Statistics on the numbers and types of kin services to the aged can be regarded with dispassion and emotional distance. The creation of mechanisms to increase the numbers of women providing these informal services, lends to the possibility of decreasing the need to tap the public purse. Yet cost effective behaviors may have less than desirable social effect. There is an experiential reality behind the statistics. Who *are* these caregivers? The following two examples, from personal interview files, are illustrative of some of the wrenching realities which can face women who are principal caregivers to the dependent aged.

Case 1, Pat K.

A high school graduate with minimal work experience, Pat K. was married for nearly three decades to a well-paid professional. She is now divorced with three adult children. Pat K.'s blind, aging, mother-in-law had long been worried about the possibility of premature institutionalization because of her age and handicap. Over the years, when her marriage was intact, Pat K. had assured her mother-in-law that she, personally, would do all in her power to help the older woman stay out of an institution. Now, although her divorce has been finalized, Pat K., finds that her mother-in-law needs help to remain in her own home; she has had an operation and will be bedfast for several months during the recovery period. Pat K. closes up her own home and moves out of province in order to stay with her ex-mother-in-law and give her the care she had promised.

Case 2, Carla D.

After her mother died, Carla D. invited her widowed father to live with her, her husband and their four children. Mr. M., in his late seventies at the time, was given the master bedroom with adjoining bath, because he had to make frequent use of the toilet throughout the night. For seven years, during most of their children's adolescence, Carla D. and her husband slept on the living room sofa in order to insure the physical comfort of Mr. M.. Years passed. Carla D.'s father died and her children moved away from home. In her late 50's, she has now re-entered the labour force to work as a secretary. But caregiving responsibilities continue, as she deals with the realities of her own aging. Her husband has severe emphysema, has had to take a disability pension, is housebound and dependent. Some of her adult children have made repeated return moves to the home, as they deal with the problems in their own lives. Some factors have changed, but Carla D. has been, and continues to be, a woman caught in the middle.

For the ex-wife caring for her ex-mother-in-law or the aging daughter caring for first a dependent father and then a dependent spouse, there may be tremendous role overload and devastating personal demands.Fengler and Goodrich (1979) refer to wives in this situation as themselves "hidden patients". The needs of the aged may conflict with the needs of the caregiver and the caregiver's perceived obligations to other generations within her family. The tasks required can be both physically onerous and emotionally draining. Over a decade ago, Florence Rush, a founding member of OWL (Older Women's Liberation) decried the plight of this "woman in the middle":

> If she is to save herself, the woman in the middle must learn to reject the myths regarding her family ties and responsibilities. She must no longer accept as natural her designated role as servant to all. She must question and challenge the privilege that excludes men from...the devastating hardships involved in caring for the dependent. She must reject the...professionals...who have shifted the blame for their failure to find social, economic, psychological and educational remedies onto the mother, wife, and woman" (Rush, 1971, as reprinted in Rush, 1975:48).

Rush's "solution" to the problems of the"woman in the middle" revolves, to some extent, around the rejection of the caregiving role. Yet, the tasks performed by these caregivers are important to society. However, they are given little formal recognition. Services which are not income generating are unlikely to be appreciated in a cash conscious society. Informal caregiving provides neither wages, private pensions, or eligibility for the Canada Pension Plan. Compared to their male counterparts, older women, generally, are three times as likely to be poor (Abu-Laban, 1981; Croll, 1979:88), however, women who are principal caregivers to dependent adults actually may be compounding their future economic insecurities. Volunteer caregivers who are economically dependent wives are themselves protected from being on welfare or receiving the guaranteed income supplement and existing at the poverty level, only because of the continued survival of one male, their husband. Widowhood can bring sudden economic hardship and in 1977, of unattached women over aged 65, 60% had incomes below the poverty level (Croll, 1979:88).

Concern must focus on the middle generation of caregiving women who either remain outside the labour force, fail to retool in middle-age or scale down occupational ambitions because a large part of their time and energy is used at the interpersonal level, providing help to an aged, dependent, adult. These women have as much right to adequate pensions as people who have enjoyed gainful employment.

The security and protection of volunteer caregivers is relevant to the creation of informed, humane and future oriented social policy. Should this fail to be recognized, not only may this significant form of support be devalued and eroded, but society runs the risk of contributing to the *perpetuation* of gender inequities in socio-economic status in advanced age. If policy makers aim to maintain or expand the level of informal care, it would behoove them to be sensitive to the benefits and hardships of the caregiver. At the very least, an expanded Canada Pension Plan would recognize the interests of caregivers in their own advanced age, providing credit provisions for people who perform this important voluntary roles. This would aid in providing a more secure older age for caregivers themselves. In addition, consideration might well be given to innovative mechanisms which produce broader social recognition and reward for the caregiver.

Further, if we want the family (or appropriate families) to step in and care more, then we should be realistic and admit that, (1) in practice, what is called "family" in reality means that the heaviest burden falls on, usually one, female caregiver. In their traditional, economically dependent roles, women are financially vulnerable. In our society, as it is currently structured, limitations on women's labour force participation, pose hazards for their own advanced age; (2) the greater untapped "family" resource, may, in fact, be males who have ignored or delegated to female relatives, the responsibility of caring for the aged. Male kin have been a less predictable element in the caring equation. Maximum and broadly based kin support units in an era of increasing female labour force participation, may benefit from measures which encourage men to "take up the slack".

Families do help. Families could give more help but there is merit in attending to the variation in family types, the issue of quality relationships, older people's stated goals of independence and the need to be sensitive to perpetuating a circle of disadvantage for vulnerable female caregivers.

Conclusion

My final comments are personal. I make them as a concerned citizen and as the Representative of the Universitites of Alberta on the Provincial Senior Citizens' Advisory Council.

There is a biblical quotation which states:

> And further I tell you this in very truth: when you were young you fastened your belt around you and walked where you chose: but when you are old you will stretch out your arms, and a stranger will bind your foot, and carry you where you have no wish to go.
>
> John 21:18-19

Informal support ties of families may be a source of joy or a source of grief. The State may act to strengthen already strong families and instruct and guide faltering families, but, in the process, it should be aware of the risks of "binding the feet" of our older citizens and forcing them to be dependent on families "where they have no wish to go". Older parents have consistently stated their general wish to remain independent and not be seen as a burden to their children (Kalish, 1975; Sussman, 1976). Older kin will accept aid, but they do not want to feel a loss of dignity or that they are overimposing.

Some families enhance the lives of their elders; in others, close contact may diminish the quality of later life. Emotionally, it may seem inviting to emphasize the so-called return to "the family" as a technique for cutting the costs of programs for older people. But expediency and cost effective budget campaigns can be not only inhumane but more costly over the long run.

The variability in types of families needs to be recognized. It would be demeaning to our elder citizens to *pressure* them into involuntary, dependent relationships with people to whom they are linked only by the "accident of birth". It is significant that social historians are now arguing that even in the "golden past", relations between elders and their kin were better where elders had some financial flexibility, and, in a sense, more "bargaining power" (see Anderson, 1977). Dependency and need, alone, may not breed the optimum kin interaction.

Effective social policy needs to attend to both the immediate and long-range implications of programs; issues relating to the protection of caregiving families, principle caregivers, and older people themselves, are all relevant to the achievement of life quality in the later years.

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Panelist's Response: Wanda Cree

I am going to speak from the point of view of the service provider. How can we strengthen personal and family services? How can we strengthen the individual's capacity to support himself?

Elaine Brody has presented information from well documented studies relating to the needs of the frail elderly; to the sense of responsibility toward older members which characterizes most family groups; and to the necessity for some type of community supports developed to assist older persons and their concerned families in coping with the diminished vigor that can result from aging. Studies that have been completed in Canada and Alberta confirm this information as being relevant to our situation as well.

A very detailed study recently completed in Prince Edward Island indicated that the family does indeed provide a wide variety of supports for the older person, and that community supports are used primarily to enhance the supports provided - not to supplant family supports already in place.

The greatest need for some type of assistance in order to maintain independence occurs generally among those over the age of 80. This is also one of the most rapidly increasing age groups. It seems obvious, therefore, that we must give careful attention to improving our system of support services so that delivery of these services is handled more effectively.

Generally the most effective support is delivered by the family group since they are usually willing and able to offer a more flexible approach to meeting the needs of the individual older person. Supports provided by the family usually have a warm and caring component - a quality which relates to the basic emotional needs of the older person - his need to feel loved and "cared about", not just "cared for". In instances where support services are provided by the formal community system, creating this important caring atmosphere must become a concern of the service provider.

Most older people tend to rely on assistance from the family until their needs increase beyond the capacity of the family to manage. Most family members tend to regard assistance to the older member as a family responsibility. Therefore, it is entirely possible that neither the older person or the family are accustomed to working with the community service provider in devising a plan so that needs can be met. Frequently people do not understand the philosophy on which a service program has been developed.

Those of us who are service providers and planners must be aware of these attitudes as well as of our own attitudes toward aging if we are to provide a satisfactory support program and if we are to strengthen personal supports. How do we view old age? Do we conceive of the elderly and the frail as able to care for themselves with minimal support; or do we believe that to be old is to be in need of being "cared for"? This is important in both the development and the delivery of a support program. It can make a difference between developing a program that assists the older person in maintaining independence or developing a program that promotes dependence.

Older people who develop physical frailties may never before have been in a position of looking to the community for help. When a person is inexperienced in the usual procedures of application for services from a formal community service organization, it can be an overwhelming, complicated, even demeaning experience. It must be kept in mind that many older people have been quite competent in managing their lives. Physical frailty does not mean that people need direction. They may only need practical assistance so that they can continue to manage as they have always managed. Care must be taken that services are offered - and denied as well, when appropriate - in a helpful, understanding manner. Assumptions, either positive or negative, about a person's needs or the capacity of the family group should be avoided.

It is important that the support systems developed by those of us who are planners should be adaptable to the actual needs of the recipient - a system that will encourage and facilitate the older person in maintaining an independent lifestyle to the extent that it is possible. This entails careful and sensitive appraisal of the older person's abilities and needs as well as the strengths and stresses of the family members involved. Insufficient practical supports for the older person can erode his sense of adequacy so that both he and his family come prematurely to believe that institutionalization is the only answer.

It is, however, entirely possible to provide services that are not required or desired by the elderly applicant. This can have the effect of removing from the older person any sense of control over his/her life and can create a sense of helplessness and incompetence which will make managing on his/her own seem extremely difficult.

Families may also be adversely affected in that if they have not been involved in the planning, they may come to feel that their rightful position has been undermined by the intruding community systems. Confronted with this type of situation families can relegate their responsibilities to the community, becoming passive non-participants, or they can become hostile, aggressive, demanding – seeking some control or input into the situation by the vigor of their demands.

I have known people who had considerable difficulty in getting around and who must have been in pain. Nonetheless, they managed to travel on the public transportation system or to do their own housework. I believe that even though performing these tasks may be difficult and sometimes frustrating, the successful completion of the tasks can be important in giving a person a sense of accomplishment and in maintaining their self-concept as a competent person.

There can be occasions, however, where this is not the case, where the older person may need assistance in order to feel capable of coping. Situations do not remain static either. The independent elderly person who is managing well can develop temporary needs as a result of the onset of an illness, a change in the environment, a change in the family situation, or the development of other stresses than can occur in the lives of any of us.

Providing help to the elderly should mean working as a team with the older person, his family and the service provider; deciding upon the need and developing together a support plan that clearly delineates the responsibility of each member of the team. We must be very careful that the older person is involved in the decision making and that he/she is aware of his/her responsibilities as well.

In developing and implementing an effective support system our emphasis should be on a sensitive, knowledgeable assessment. The determining factor as to the nature of the support should be based on the "need" and not on the service. Services are often one-dimensional and inflexible. Homemaking services, for instance, are very important services and they are probably one of the most frequently requested services. Still, such a service is not very useful to someone who cannot get out of the house to do the shopping, but who can do the work inside the house.

We need to develop a support system that offers the possibility of a variety of services which can be available on a regular basis where needed. When it is more desirable there should be services on a temporary and/or occasional basis where these types of services are more appropriate.

Primarily the service should be offered to support and bolster the unique capabilities of each older person and his family group. Older people, their families and friends vary greatly as to the amount and kind of services they need or can provide. A flexible type of service would seem to be of greatest value in reaching our objective of maintaining the life satisfaction of older people. It is not an easy system to develop.

Some of the concepts that need to be considered in the effective operation of such a support system are that we must learn to trust each other and to cooperate with each other; perhaps we will need to relinquish a part of our autonomy, our identity; learn to appreciate the contributions of others even if they are quite different from our own. We must learn to work as a helping team with the older person, his family, and other service groups. We need to learn how to share tasks, to coordinate services; to make needed and meaningful referrals; to regard the total needs of the individual as our frame of reference rather than just the services that our own organization provides.

We must learn to appreciate and respect each individual older person, recognizing the capabilities of each family group. We must become the pathfinders locating services and providing the linkages from the needy older person to all existing community services as required.

Panelist's Response: Victor Marshall

I usually decline invitations to react to other people's papers. There is no payoff. If you dislike the paper, and fail to criticize it strongly, you are seen as an intellectual pushover or to us an old slang word I learned in Calgary as an adolescent; a "wimp". If you dislike the paper and do criticize it, you lose a friend, or a potential friend and risk making an enemy.

If you like a paper and only praise it, you are seen as taking the easy way cut, as not seriously coming to grips with it, or as lacking in critical skills.

However, I am here. I like the paper, I do not disagree with Professor Brody on a single specific. What, then, have I to say? I would like to use my time to:

- emphasize some of Professor Brody's points which I think should be underlined

- present some relevant Canadian data.

Capacity vs. Willingness

Professor Brody began her paper by distinguishing between the *capacity* of the family to care for older people and the *willingness* of the family to provide such care. I should like to comment on both these dimensions, drawing in part on some of my own data gathered in Hamilton, Ontario in the only – to my knowledge at least – Canadian three-generation study of aging and the family.

I agree that this distinction must be made. Family members may be willing to care for their aged, but simply unable, for a variety of reasons, to do so; or conversely, they may be unwilling to do so, even though they have the capacity to provide such care.

Capacity

There is great differentiation among the elderly in the structure of their family. Help from a family member might come from a spouse, a brother or sister or a child. There are considerable differences by birth cohort in the *availability* of such relatives. For example, most people who are now in their 70's or 80's had 2 or 3 children – the average number of children they had was about 2.8 or 2.9. The average woman who is now reaching the end of the childbearing years in Canada has had 1.7 or 1.8 children.

The birth rate was low during the Depression years, so people born in the mid-thirties, who are going to enter the age 65 category around the turn of the century, are likely to have fewer brothers and sisters than people who are already in their 70's and 80's.

Average figures can be misleading. If some people have 3 or 4 brothers and sisters, or children, others have none or one. In a representative sample of community-living people in Hamilton, in my research, of those aged 70+, 15% had no living children. If we considered the institutionalized aged, this figure would be even higher. In total, about 19-20% of the elderly population have *no living children.*

About four fifths of older people have a living mother or sister, but in our study, only 38% of those aged 70+ had one.

Brothers and sisters may be more widely dispersed than children. For example, in our study, about one-third of the brothers and sisters of our older respondents lived outside Canada.

It would be interesting to examine historical patterns here. We are a nation of immigrants, which means people have left parents and brothers and sisters behind in Europe, Vietnam, India or wherever. There are communities in the Peace River area with large proportions of old men – men who came as single men to that part of Alberta years ago to farm, and never married.

Sex differences are important in relation to widowhood. In the 65+ category, 70% of men but only 55% of women are still married. If you shift only to the 70+ category, 67% of men are still married, but only 31% of women. Some researchers have found that women in later life make more of an emotional investment in their children than in their husbands; whereas men tend to be closer to their wives than to the children. The women are wise to rely on their children, since the greatest likelihood is that they will lose their husband.

In summary, when we speak of capacity we must recognize profound differentiations in the basic structural parameters of the family. When few family members exist, it is also less likely that those who do exist will be available – well enough or living close enough or free from competing obligations.

The "Empty Nest"

Professor Brody mentioned the "empty nest" and how this period of life can become problematic because of increased need to care for ill elderly parents. If we extrapolate to Canada from some U.S. data (Winsborough, 1980), we can first see that the chance that a middle aged person will have a living parent is now very high. A 40-year-old woman in 1920 had a 68% chance of having a *mother* still living; today, 89 of every 100 40-year-old women have a mother living. But, as Professor Brody said, this period of life when one assumes increased responsibility for a parent extends much later. In 1920, of 60-year-old women, only 22% had a mother still alive. Today the percentage has jumped to 42%.

The "empty nest" is a new stage of life. The chance that a woman would have some time at home with her husband after the last child left home was reduced by the likelihood that either the father or mother would die earlier, and by the fact that having a large number of children takes time. So in the U.S. it has been shown that the average duration of the "empty nest" in 1900 was just 1.6 years, whereas now it is over 12 years.

But the nest isn't always so empty. More and more grandparents are finding that one of their children, now divorced, has returned to the parental nest - bringing along his or her own children – looking for solace or financial security. A new-grand parenting role may be evolving because of escalating divorce rates – and this is not necessarily a role the older generation wishes to fulfill.

Incidentally, Louis Skoll yesterday evening mentioned that the elderly are not always the group most in need. I do not have Alberta figures, but Margaret Eichler gives Ontario figures for January 1981 at which time a single adult age 65+ received a basic income from the public purse of $454/month. An elderly couple was guaranteed $853/month but a welfare family of a father, mother and three children received only $650/month. The aged, Eichler argues, are an expanding political constituency in contrast to children. (Eichler, 1981)

Willingness

The willingness to care for an older family member is variable and reflects factors such as the cross-pressures of having competing obligations. A woman who might be worried a great deal about the health of her husband while at the same time concerned about the rocky marriage of one of her children is not likely to *willingly* assume a burden of care for the parent.

In Hamilton we asked 404 respondents whether they agreed or disagreed with the value statements, "It is the obligation of grown children to take care of their elderly parents." Men and women in the age range 55-69, who are most likely to be providing such care or to have already done so, were more likely to *disagree* with the statement than respondents aged 70+ or 40-54. Half the men and two-thirds of the women in this "caught generation" category *disagreed* that children have this obligation, and about a third disagreed strongly.

Similarly, there was not enthusiastic endorsement for statements such as, "When parents get older, their children should help support them if they need it," and the general pattern was for respondents in that 55-69 year-old group expressing less willingness on an abstract level.

Concretely though, children *do* provide a lot of help, perhaps especially in a time of health crisis. And they also *worry* quite a bit about their parents. We gathered data from the children of the parents we had interviewed, and found that one in five children of a parent in their sixties or seventies said they had provided help with personal care in illness to the specific parent we had interviewed, but almost half (46%) of children with parents aged 80+ had done so. Mothers were more likely to be the recipients of this help (31%) than were fathers (21%).

When it comes to *worries* about the parent's health, we found a pattern confirming Professor Brody's remark about the important and traditional place of women in care-giving. Daughters worried more than did sons, and fathers were more worried about than mothers.

Some children did not worry "at all" - or so they claimed, but 36% of the children said they worried "a great deal," and 61% of daughters aged 50+ did so.

While most of our respondents describe the parent-child bond as close, children who had provided health care or who said they worried a lot about the parent's health saw the relationship as closer - again similar to the pattern described by Professor Brody.

In summary, our findings confirm, with some Canadian data, the general argument made by Professor Brody in her paper. The family is *generally willing* to provide support but this willingness is tempered by its limited capacity to do so (see Marshall, Rosenthal and Synge, 1982).

As a support system, the family is fragile and will remain so as long as:

- fertility remains low so that a parent has few children and a child few brothers and sisters
- large numbers of families triumph over illness so as to have 2 generations in the retirement years
- we wish to avoid discriminating against women who have every right to pursue their own careers (as we say about the middle classes) or to simply "work for a living and to support their families," as we might say about the working classes and the single parents
- we have a society, much as in the Province of Alberta, built up from many newcomers from distant points in Canada and abroad.

This fragile system of the family must, as Professory Brody argues, be strengthened *not* directly, but by strengthening the *formal* support system which the family can *use as a resource.*

I have no strong quarrel with the action recommendations in Professor Brody's paper, but would only add:

1. that any educational thrust must *start* with educating the educators. I am very tired with the misinformation in the media about age and aging, and I suspect on the basis of my own teaching of health professions graduate students that many *come into my* class very misinformed.

2. that many of the support system problems would go away if we guaranteed adequate income security so that older people could purchase their own support services as necessary - either from family members or from others more willing and able.

3. that free and universal health insurance *unencumbered* by user or deterrent fees is the most important guarantee of continuing health care for the aged (an authoritative Ontario study by two of my colleagues demonstrated that old people whose physicians over-billed received only *half* the medical services received by those whose physicians were fully in the OHIP (Badgley and Smith, 1979).

I will conclude by saying that turning to strategies outside of the family but supportive of its social support endeavours should not be considered a second-best solution. It is the solution which people not only need but want.

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Panelist's Response: Henry Simmons

I appreciate the careful and thoughtful presentation which Elaine Brody has given us. I would like to take this opportunity in my remarks to broaden slightly the scope of our discussion, while remaining within the framework set out, namely, strengthening personal support systems.

My central point is that there are crucially important tasks which the elderly must accomplish for themselves and for the broader human community. These are tasks of meaning and personal integration for themselves, and tasks of memory and wisdom for the human community.

As with many of the tasks of which Mrs. Brody spoke, these tasks cannot be accomplished by individual family units of care-givers and care-receivers alone. Meaning, while personally appropriated, is in its essence a social reality. We learn a vocabulary and a grammar of meaning in the society in which we are formed. Historically – at least as far as we can assess the tradition of meaning-making in its broad outline – meaning about ultimate realities, the meaning of life and the affirmation of life in the face of death, has been nourished and transmitted by religious institutions. Questions perceived to be "religious" – that is questions of the meaning of life and death and the quest of the human spirit – were addressed by religious institutions. One learned the order of life, the meaning of death, and perhaps the reality of an after-life within a religious institution. And while this power to make and to ritualize meaning was sometimes abused, we can hardly rejoice at the present situation in which meaning-making has come to be seen as a private affair – a matter of the individual or family unit. Religious institutions have lost, broadly, their authority. Meaning-making has been relegated to the family. But families are not now, nor were they ever, the self-sufficient building-blocks of society, exclusively responsible for their own destiny and meaning. They are deeply influenced by broad social and economic forces over which they have little control.

In our society the other makers and carriers of meaning of the public order – political, economic, social and communications systems – provide little authentic meaning for old age. In fact they are destructive in their bearing towards the elderly. They provide a negative meaning-dimension to aging, to old age and to death; the meaning portrait they present can in no way bear the weight of these profound mysteries.

We are, then, at a point in human history where we must begin to rediscover a vision of meaning by constructing or re-constructing communities where questions of human meaning can be addressed in an authentic and intentional way.

For life without meaning is madness. And in old age in a special way there are demands for meaning which are most urgent. The elderly engage in a process of life-review whether they want it or not. Their past is in the background of their minds much of the time. They need to make sense of it, to order it, to forgive it, to find patterns in it, to rewrite it, to heal some of its wounds. There are tasks of meaning. And they can only come to any final and comprehensive conclusions when they are worked at within a community not only of care but of meaning. They require an affirmation of the individual in the face of death and the process of dying. They require a social context of meaning if they are to end at a vision of life as something other than senseless, ugly, or trivial.

The struggle of old age has been called a struggle between integration (or integrity) and despair. I think it empirically difficult to verify that this task begins with old age. But it is, I contend, a core question of old age. Yet, given our social context which is impatient with such issues of meaning (and which relegates them to the private sphere) it is likely that such issues will be hardly visible in the public order where meaning is made, symbolized, and carried. They may surface in some other and inappropriate form. Or they may be borne by the individual in terrible and perhaps destructive loneliness.

As well the elderly have a crucial task of wisdom to accomplish for the broader, human community. Once again, as with their tasks of meaning and personal integration, the individual (and the individual family unit or personal support system) will be hard pressed to *elicit* the wisdom which the elderly have to offer, without intelligent and sustained support. Again, as with the previous tasks, the agencies which might have provided the base which allowed the emergence of a wisdom which would give direction to the human community are not functioning appropriately. The small human communities in which the elderly could, where they had the wisdom, be leaders have been largely destroyed. The economic, social, political and communications systems which have replaced them are overtly inimical to the elderly and to their wisdom. For example, the mass media portrayal of the elderly in "cute caricature" is symptomatic of the view of the elderly which is reflected in more painful ways in economic and social structures. Nevertheless, while not all the elderly are wise, and while the elderly do not possess all wisdom, *there is a wisdom which only the old possess.*

This is so in some totally unique ways in our day. Those who are old today carry within themselves the blessings and the burdens of the 20th century. This has been an era unparalleled in the world's history. In the lifespan of these people the human community of the western world has moved to an entirely different relationship with itself, with individuals and communities, and with the earth itself. We would lose the memory of these years only at our own peril for the more traditional bearers of memories, namely communities of vision and meaning, have largely disappeared. It is the elderly who bear the memories of this century. If we lose their stories we lose forever a sense of how the reality we know could be otherwise. We will be left with a sense of vague uneasiness about the way we have shaped reality, but we will not have the memories of options which can open up new possibilities in the future.

And we can expect, if we move past the stereotypes of prevailing cultural instruction, that these people will undertake the responsibility of engaging in a life-review which is far greater than the story of any one individual. Of course it will be from individual stories that the greater fabric will be woven.

These stories were all lived within the one lifetime of transition from early industrial society, largely rural, to the highly technological society in which we live today. But the experience of that lifetime of transition was not the same for all. Many of these elderly memory-bearers carried the burdens of the 20th century. Variables of class, sex, ethnic origin, education, and socio-economic level are critically important lest the memories of this era grow dull and homogenous and get reduced to the one memory which will sustain the status quo without providing a memory that elements of the social order were otherwise – and so can be again.

There is another group of elderly which is unique – men and women who were agents of or even architects of the new social order. The memories of those who were agents of this order are not more important than other memories. But these memories are of particular uniqueness for they are the stories of the first generation in human history to experience middle age (40-55) as a distinct period of the human life-cycle. This was the first large group which as a generation experienced itself as being norm-bearers and decision-makers, as controllers of society, as having heightened sensitivity to their position within a complex social environment, as being in those middle years in the "prime of their lives."

All these stories are important for the human community. For their loss would abet a loss of critical consciousness. Without a memory of any alternative we would in substantial measure be devoid of a vision of a new future.

Once again, however, it is an onerous burden which we place on the shoulders of the individual family support unit if we expect them to bear this slow and demanding process of gathering these memories. As I have indicated I think it unlikely that this support will come from the agencies of an existing social and economic order which has no stake in stories which could lead to a future which is anything other than a reinforced version of the present. Support will have to come from other, intentional gatherings where meaning is taken seriously and the vision of the future is more human than the present order.

Traditionally, religious institutions have been such communities. They may become so again if we have the will. But in a renewed order, these communities (or others serving similar functions) will again be intentional, face-to-face groupings, where people can wrestle cooperatively with meaning and the transcendent, and with the social or public order into which the privatized unit of family must once again be integrated.

As I said at the beginning, my central point is that there are crucially important tasks which the elderly must accomplish for themselves and the broader human community. These tasks cannot be accomplished by individuals or families without systematic help. Conversations with some of you have indicated your awareness of this and your steps to provide this systematic help. I applaud and encourage your efforts.

Summmary of Discussion Groups

The first session proved to be informative with an excellent, warm presentation by the keynote speaker, Mrs. Elaine Brody, and appreciated clarifications and re-enforcements by all four panelists who all contributed greatly to raise the group's awareness level on the subject at hand, bringing out salient features such as the lot of the "person in the middle" when an elderly parent is perhaps foisted on his/her children.

During the discussions that followed, there appeared to be a mix-up in terms of where participants are which necessitated a lot of exchange before they accommodated one another. This wide range has possibly built in a communication difficulty whereby the clear identification of broad problems appears unrealistic at this point. What did surface was more a list of key services much more at the level of principles.

We also note the fact that building a partnership between formal and informal support systems together with the client and his/her family is a relatively new concept (e.g., one sub-group raised the role of bureaucrats as an impediment to the fluid provision of services, which would indicate that much more consultation is required before each partner can relate to one another.

Still, we are pleased to report that the participants did identify what appears to them to be key issues:

- information dissemination
- coordination and transportation
- housing and respite services
- education of family members in the process of aging as well as the public generally including volunteers
- the need to set up linkages between care-givers and the formal support system.

The third and fourth sessions of the workgroup proved to be extremely lively as everybody was not ready to get in the thick of things and address issues in a broader context. We split into three sub-groups each charged with a specific agenda.

Group A – Information and Education

1) *Consideration #1(a)*
A consensus was reached on the need to disseminate information to the general public, to educational institutions, to health professionals and to industry on established programs for older people. This could be undertaken through the mass media, talk-shows, newspapers and locally through telephone directories and the like.

2) *Observations #1(b)*
There is also a definite need to coordinate information of interest to older persons and their families.

3) *Observation #2*
The need for good quality family counselling in nursing homes is also recognized, particularly at the point of entry. This equally applied to home-care programs as well as other types of support services particularly with regards to the volunteer component. The latter should not be used to save the government's money but be planned as a meaningful participation.

4) *Observation #3*
There is a need for educational programs in all homes for older persons which should include the social, physical and spiritual aspects of aging.

5) *Observation #4*
There should be an increase in training programs in geriatric medicine with a broad scope of the kind of caring for older people's needs.

6) *Observation #5*
There needs to be a change in attitudes towards aging on the part of educators in the school system, the staff of homes through experience by contact programs and personalizing community-wide programs.

Group B – Coordination and Transportation

The group discussed the need for linkages at the emotional level with the family at the time of entry into a home in order to reduce stress and anxiety, to reach out to other members of the family and to ensure linkages between staff members.

7) *Observation #6*
There should be a patient coordinator but if he or she is to be effective they should only be placed where a team approach is utilized.

8) *Observation #7(a)*
There is a need for education to older persons about the existence of services in the community to meet their needs.

9) *Observation #7(b)*
Similarly, education to families is required to understand older persons and how they may make use of resources.

10) *Observation #7(c)*
Also, education is needed for educators on the problems of aging which could be carried out on a formalized basis or through in-service training in the care of nursing home staff. In the latter case all that is required is to implement existing legislation advocating that every nursing home must have a person in charge of training.

11. *Observation #8(a)*
Current transportation grants can be used for older persons but they are not mandatory. The municipalities should be obliged to declare the use to which they will put those grants. (e.g., handi-bus, etc...)

12. *Observation #8(b)*
Since these grants are to be terminated in five years they should be more specific and be extended.

13. *Observation #9(a)*
The gaps in linkages between institution and family members should be emphasized in pre-institutional preparation.

14. *Observation #9(b)*
Greater adjustment would require greater funding patterns to give more lead-way to admission procedures.

15. *Observation #9(c)*
The old people "at risk" should be reached through public information programs.

16. *Observation #10*

More coordination is required on case bases (through case conferences) and inter-agency coordination through inter-agency exchange sessions. This need could best be met by coordinating meetings of the home-care client and occasionally by bringing agencies together (just as in the case of the home care coordinator).

17. *Observation #11*
Services meeting the needs of the elderly should assess both the resources and the stresses of the client support system and be prepared to provide services to the family in order to help the elderly client.

Group C – Housing and Respite Care

18. *Observation #12*
Where practical or necessary a wing should be added to existing lodges or when this is not possible, a portion of a present lodge be adapted to ensure a second level of care where requested.

The object is to attain a multi-level of care wherever a lodge is not full or where blocking a part of this building can achieve this.

19. *Observation #13*
There should be a major review of the assessment process related to meeting the needs of disadvantaged persons also making sure that the family is included in the process and, wherever possible, the older person himself/herself in order to arrive at the lowest level of care.

20. *Observation #14(a)*
The provincial government should consider looking at and giving guidance to municipalities in order to effect change in existing zoning by-laws, especially in areas of older sections of cities and towns where the incidence of older persons is higher, to enable single homes to accommodate older people in the community where no other resources exist.

21. *Observation #14(b)*
Where there are individual cases of senior persons wishing to move into the homes of their children or kin, the government shall create separate funding to allow for the renovation or adaptation of a private home with a caveat that it be established up to 20 years for this specific purpose.

22. *Observation #15*
That provision be made for adequately staffed respite care to older persons, at whatever level of care, in order that older persons be accommodated temporarily in a variety of institutions (e.g. senior citizens centres, lodges, auxiliary homes, nursing homes, etc.).

C. RESEARCH AND EDUCATION

Keynote Speech: Ewald Busse

Gerontologists view attempts to prolong life that do not also improve the quality of added years to have little if any value. In fact, the mere prolongation of life with the continuation and exacerbations of disability may be more of a detriment than an asset. The desire to prevent or retard the progress of aging has obsessed human beings for thousands of years. It has been appreciated that to extend life without maintaining life has enormous dangers. For example, Swift in *Gulliver's Travels* reports how his hero encountered pathetic creatures called Struldbrugs. These unfortunate persons could not die but had all of the gradually increasing incapacities of aging, both physical and mental. Greek mythology teaches a similar lesson. The goddess, Aurora, (also called Eos) with great effort persuaded Zeus to grant her husband, Tithonus, immortality. Unfortunately, she did not ask Zeus to give Tithonus eternal youth, and he became more and more disabled praying frequently for death. In one account Tithonus escaped his misery by turning into a cicada. The male of this insect species produces a shrill sound similar to the voice of a demented person. It is quite possible that we are now encountering a somewhat similar situation. With the prolongation of life, there does appear to be a considerable increase in the number of aged persons suffering from senile dementia of the Alzheimer's type.

For centuries the hope of delaying aging has been focused on the continuation of sexual vigor and reproductive capacity. In Darwin's concept of survival of the fittest reproductive capacity plays a central role. In the developed nations where population growth is looked upon as undesirable, the productive capacity may no longer be as important as maintaining vigor and the capacity to enjoy life in its many opportunities.

Perhaps the best known of the attempts to find prolonged youth is the medieval European search for the fountain of youth. Today it seems incredible that this story was taken seriously. It was based on a second century account by a writer, Pausanias, whose work was revised and popularized by Jean de Mandeville. The belief that a fountain of youth did exist was the basis for the organizing and financing of the exploration of Ponce de Leon which resulted in the discovery of Florida in 1512.

History records numerous rejuvenation efforts in the cultures of both the Near and Far East. These efforts to maintain youth or reverse aging were primarily rooted in what is called gerocomy which is the belief and practice that a man absorbs virtue and youth from women, particularly young women. This idea permeated many societies. King David in the Old Testament believed it and practiced it accordingly. There is also clear evidence that Romans held similar views. The practice of gerocomy or the suspicion of it contributed to the political decline of Mahatma Gandhi (Erikson 1969), although Gandhi believed that physical love should be restrained and that frequent sexual intercourse had a debilitating effect. His opponents accused him of sleeping with his niece. There is some evidence that he did sleep with naked girls, but it is quite possible that this did not include genital sexual contact (Fischer 1954).

Research and Education – A Common Objective

Research and education share a common objective and that is to promote the health and well-being of people by enhancing and extending the vigorous and productive years of life. Both education and research are concerned with knowledge and truth. Although research is primarily devoted to discovery and interpretation of observations and education with the accurate and widespread transmission of facts and relationships, research is not possible without education. The interaction is continuous. Scientists must be aware of the existence of basic assumptions, methods of observations, how facts were established and conclusions reached. A truly effective scientist must be a broadly educated individual. In turn, an educated person will inevitably contribute to the advancement of knowledge. If one is to do research in aging and if the gerontologist is an educator, certain issues must be acknowledged and certain definitions agreed upon.

Aging Defined

What is aging? Is it normal? Is it a disease? Can it be prevented or altered? *Normal* is a word with several meanings. Normal when used in systemic studies of a population is a standard for comparison of deviations, the standard being based on a set of observations that can be measured and the average of the median determined. Often a normal individual is one who is considered to be relatively free of disease and disability and whose life expectancy is not reduced by the presence of serious pathology. Usually a normal individual is one who has the capacity and has demonstrated the ability to meet his human needs and to solve the usual problems of living in a manner acceptable to himself and to society. Hence an individual who successfully copes with disability can be considered a normal individual. From a biochemical viewpoint normality is usually based upon a standard derived from medical statistics. But in the behavioral sciences normality may be successful adaptation to deficiencies and losses.

The term *aging* can also have several meanings. As a biological term it is used to identify inherent biological changes that take place over time and end with death. Some investigators prefer to define biological aging as a progressive loss of functional capacity after an organism has reached maturity, while others insist that aging processes can be identified with the onset of differentiation. Of course there are some who contend that any attempt to separate aging processes and to identify them is not useful or possible. The terms *growth* and *development* usually represent biological processes which are the opposite of aging.

For operational purposes declines in functioning can be separated into primary aging (senescence) and secondary aging (senility). *Primary aging* is a biological process whose first cause is apparently rooted in heredity. The inborn first cause of age changes produces inevitable detrimental changes that are time-related but are etiologically relatively independent of stress, trauma, or acquired disease. *Secondary aging* refers to defects and disabilities whose first cause comes from hostile factors in the environment, particularly trauma and disease.

All of the aging processes are not recognizable in all people, and those that are present do not progress at the same rate. This operational definition of primary aging clearly has limitations. For example, it does not adequately distinguish between the so-called "normal" aging processes and the diagnostic entities related to late onset inborn errors of metabolism. Of course the ultimate question is: Can biomedical science through research provide the diagnostic skills and the techniques for prevention and intervention that will control both the primary and the secondary aging processes?

Types of Research

My experience as member of the President's Biomedical Research Panel, the Technical Committee on Research of the White House Conference on Aging, and the Advisory Council of the National Institute on Aging has reinforced my opinion that there are many intelligent individuals with serious misconceptions regarding both aging and research. Although some are reasonably well informed, there continues to be considerable confusion regarding the meaning of basic research, applied research, clinical research, social research, biobehavioral research, etc. Furthermore, there is a mistaken notion that clinicians or practitioners cannot and do not engage in basic research and that so-called basic scientists never engage in applied research. In my opinion this assumption is highly erroneous.

Definitions: Compiled by Ewald W. Busse, M.D.[1]

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[1] Definitions are based upon those definitions found in Webster's *Seventh New Collegiate Dictionary* and Dorland's *The American Illustrated Medical Dictionary* (23rd Edition, 1959)

Definitions are primarily derived from theory and are influenced by the extent of knowledge and value system. Hence, definitions are rarely acceptable to all individuals and groups. It is recognized that shortcomings exist in definitions as presented and their acceptance and therefore usefulness vary according to the situation. However, in the area of biomedical science it is desirable that the public have a better understanding of research. In addition to facilitate understanding, certain definitions make possible cost accounting and perhaps cost benefit studies. Bearing all of these factors in mind, the following definitions have been developed.

1. *Research*: Research is the careful or diligent search or examination based upon investigation or experimentation aimed at the discovery and the interpretation of facts that may result in the revision of accepted theories or laws in the light of new facts, or the practical application of such new or revised theories or laws.

2. *Basic Research*: Basic research is a systematic inquiry whose objective is to identify the components and functions of any unit (or mass) and to understand the sequence of events and to identify the factors that initiate or alter its functions, structure, size, or appearance. Basic research is not only concerned with normality (the usual) but also with abnormality (the unusual).

3. *Applied Research*: Applied research is a planned effort whose objective is to alter the composition, size, appearance, or functions of a unit or mass. This effort is directed toward achieving some positive value and is usually dependent upon knowledge derived from basic research.

3a. *Clinical Research*: Clinical research is a type of applied research that is directed to the maintenance of health, the prevention and treatment of disease or trauma, and the restoration of functions that have been disrupted as the result of disability, pain, or discomfort. Clinical research is based on data derived from direct observations of the person.

4. *Behavioral Research*: Behavioral research encompasses not only those observable actions or responses of an individual or group but also those processes that transpire within the individual and the external influences that result in the observable actions and responses. Behavioral research may be basic, applied, or clinical.

5. *Social Research*: Social research is concerned with all of the elements or factors inherent in a social environment which influence sociability, cooperativenes, and interdependent relationships. It is concerned with the structure and process of human society, the interaction of the individual and society, and the welfare of human beings as members of society.

6. *Biologic Research*: Biologic research is concerned with living organisms and the vital processes.

7. *Bio-medical*: Bio-medical relates to the information base that is derived from principles of physiology and biochemistry and other areas of scientific knowledge which are pertinent to clinical medicine.

8. *Biobehavioral Research*: Biobehavioral research is concerned with the relationship between observable actions or responses to a stimuli of an individual or a group: the factors that produce or alter such actions or responses and the influence of such actions and responses upon the vital processes of a living organism, particularly those which are detrimental or advantageous to the living organism.

The Goals of Aging Research

An interim report on the National Research Plan on Aging being prepared by scientific advisors to the National Institute on Aging of the United States of America identifies four subgoals (NIA 1981a). They are as follows:

1. To understand the basic processes of aging

To achieve this subgoal, studies must be conducted in a broad range of sciences including genetics and molecular research, environmental, biobehavioral, etc.

2. To understand and to prevent and control the clinical manifestations of aging and age-related disorders

To contribute to this goal, studies of normal aging must be expanded, and attention must be given to those particular diseases and disabilities that are frequently disruptive to functioning in late life and contribute to early death.

3. To understand the interaction between older people and dynamic society

Longevity, physical and mental health, and social well-being are interlocking forces. Labor force participation, mandatory or enforced retirement, living arrangements, etc. must be given attention. The existence of ageism, that is, a social prejudice, requires attention, particularly its adverse effects.

4. To increase the opportunity, motivation, and support forolder people to contribute productively to society

Social values and social practices all significantly impact upon the elderly person. Support systems and the provision of social opportunities to maintain self-esteem and to maximize the capabilities of older people to strengthen our society are particularly critical.

In preparation for the 1981 White House Conference on Aging, a Technical Committee on Research in Aging prepared a background statement (DHHS 1981). This committee identified as key issues in aging research several key questions. These included:

1. How can we lengthen the period of health and active life for older people?
2. Why is it that all living cells age but some age more rapidly than others?
3. Why do women outlive men?
4. How does the emergence of four and five generation households affect the family support system?
5. What are the special needs of the elderly?
6. How can we improve the health care and service delivery system?

This Technical Committee recommended that a follow-up be conducted after the White House Conference to insure a follow-through on aging research. The committee was very concerned with research manpower training and that research training include attention to "policy related issues". Individuals should be trained capable of doing research on the evaluation of services, ability and appropriateness of services to the minority elderly, and trends and attitudes of the elderly about their perceived needs and aspirations. The committee felt that multiple disciplinary centers of research and training should be encouraged in university settings. It was also recognized that often internationally coordinated research can be of exceptional benefit.

Problems in Aging Research

The inconsistencies that have occurred in studies dealing with aging individuals and elderly persons have raised important methodologic as well as analytic problems for investigators. Changes believed to be caused by "normal" biologic aging may be influenced by the cohort or period effect. The cohort approach is based upon the proposition that position in the stream of historical environments, indexed by date of birth, differentiates one cohort from another with respect to broad classes of behavior. The fact that the environment is unstable means that the 65-year-old in 1965 has or has not experienced certain events that are characteristic of the 65-year-old in 1975. Furthermore, the response to the environmental stimulus in 1965 may be quite different from that in 1975 because the options for response may be quite different. On the other hand, it is well recognized by behavioral scientists that there is a tendency for behavior established in response to an environmental stimulus to persist over time. A behavior acquired in early childhood will continue despite subsequent environmental changes. Each successive cohort bears the stamp of those common environmental influences to which they have been exposed. This is referred to as a "period" effect.

Research: Scare Resources and Abundant Human Needs

Biomedical research and training have been severely criticized for many reasons and for many years; this criticism has been accompanied by reductions in federal financial support for these activities. Basic research support has been particularly adversely affected.

There is no doubt that the economic situation plays a significant role in declining research support, since it has brought into the focus the concept of cost benefit. It is becoming increasingly evident that our resources of developed nations are limited and that many are scarce or exhausted. In contrast, human needs are great and human wants are seemingly inexhaustible. We must be more realistic in understanding and achieving compromises between human wants and natural and economic resources. Inasmuch as resources are in short supply, we cannot afford inefficiency or waste. Therefore, we cannot afford investments, whether they be in research, production, or services, that will not at some reasonable point in time contribute to satisfying basic human needs. This situation is further complicated by the multiplicity of human wants, the wide variation in individual values and preferences, the geographic distribution of people and resources, and the differing social values. When one considers all of these factors, it is understandable that any decision as to how economic resources should be allocated will only partially satisfy the wants of most people and will completely fail to meet the wants of some individuals and groups.

A number of influential public and political leaders say that many scientists are engaged in aimless research in order to satisfy personal satisfactions without regard for the needs of the nation and rights of others. The continuing but declining furor over recombinant DNA contains many of these elements of suspicion. Furthermore, one U.S. Senator has repeatedly proclaimed that many tax-supported research projects are used to increase the personal affluence of the investigator and have no relevance to human problems.

This negative view of basic research is abetted by the conviction that the product of basic research is largely dependent upon serendipity, and that it is therefore impossible to estimate the value or the intervening time before the return on the investment. Furthermore, it has become customary for scientists to defend basic research by presenting illustrations of the slow, complicated, and finally fortuitous emergence of discoveries from basic research that have great import to human progress. There is no doubt that historical scientific reports, such as that concerned with chlorpromazine as an unpredictable therapeutic innovation, are fascinating and essentially accurate. However, the fact that such unrelated events have resulted in breakthroughs does not necessarily imply that no steps can be taken which will improve the linkage of basic research to applied research; for example, the development of positron emission tomography and nuclear magnetic resonance.

Serendipity in Research

Serendipity, according to Webster's *Seventh New Collegiate Dictionary*, is "the gift of finding valuable or agreeable things not sought for. Therefore, serendipity transpires with the occurrence of an unexpected or unintentional event (accidental event), and the individual in the event possesses sagacity."

The word *serendipity* is one of a number of words invented by Horace Walpole, an eighteenth century English author, art critic, and sometime politician. Walpole concocted the word after reading what he called a "silly fairy tale" called "The Three Princes of Serendip." Actually, an intelligent king deliberately and carefully educated his three sons so that by using their perceptual and cognitive skills and an interdisciplinary approach they could solve problems and explain mysteries (Remer 1965).

Wisdom is defined by the dictionary as common sense. Wisdom requires that an individual accumulate a broad spectrum of accurate information derived from intellectual efforts and from a diversity of life experiences. A wise individual is able to integrate all types of information with social and individual values. Consequently, the wise individual arrives at decisions that are not disparate from customary individual and social values and are understood and accepted as reasonable by the common person. Hence, wisdom is common sense. A biobehavioral scientist must have common sense.

In attempting to justify adequate support for basic research, it is my belief that too much emphasis has been placed on serendipity. Such emphasis implies that all basic research is unpredictable, and that only by accident will any worthwhile discovery be made. It is my contention that wisdom – a prerequisite of serendipity – can be recognized and that high quality basic research is predictable. It will generate new knowledge and will provide the sources of bits of information which are necessary to be pieced together in order to understand an event or a unit. Serendipity is a looked-for bonus. The value of the bonus does vary considerably, but the high value discoveries that are made are alone sufficient to justify the cost of the basic research.

Not infrequently, the accusation is made that there is an unnecessary delay between new discoveries and practical application. It is possible that delays are the result of failure to recognize potential application. However, if the application is recognized but not utilized, one is confronted with several questions: Did the scientist withhold the information for selfish reason? Was it presented by the scientist to others who rejected it because they failed to see its application? Was the idea suppressed or ignored for social or political reasons? Additional studies need to include a close look at the factors that intervened between the laboratory breakthrough and the application of the new knowledge. Such careful study should be of great interest to the body politic, since it seems to believe that our current procedures are far too soft and chancy and the transfer of technology is too slow. Perhaps such critics are correct. Only a carefully conducted investigation will give the answers.

On the other side of the coin is the premature application of incomplete new knowledge. Such premature implementation is often dangerous to the people involved and proves to be very costly because there is no cost benefit factor – only cost failure. The scientist has an attitudinal characteristic that is not understood and certainly not often appreciated by the nonscientist.

The competent basic scientist often has an inherent dislike for targeted research, as he knows that the desire to find "the answer" is likely to result in a biased, if not invalid, outcome. The investigator who is sure he knows the answers before he starts to find the supporting evidence to confirm his theory or hypothesis can either emerge as a misguided and unreliable scientist, or, even worse, a deliberate fraud. No wonder that when a scientist is asked, "What are you trying to prove?" he will answer, "I am not trying to prove anything but to find the truth".

Basic and applied research demands a scientist be open-minded with limited predetermined objectives. This is in contrast to the politician who has predetermined objectives.

Longitudinal Studies

Longitudinal studies can deal with individuals, families, institutions, or communities to determine how specific changes occur with the passage of time. Such studies have certain scientific advantages over cross-sectional approaches.

To appreciate the limitation of cross-sectional studies, one should recall that cross-sectional studies resulted in an erroneous view of the growth and decline of intelligence with age. The cross-sectional study utilized measures of intelligence which were obtained for different groups of people at varying ages. These measures plotted as a function of age increased up to the late teens when a slow decline set in, which leveled off between 25 and 45 years. In late life, that is, at 60 to 65 years of age or over, it was assumed that all normal individuals showed a decline in intellectual functioning. It is true that earlier studies of intelligence will continue to increase well into mid-adulthood and that a decline in intelligence thereafter is influenced by health and socioeconomic factors.

Properly designed longitudinal studies are particularly helpful in following the interaction between a number of life changes. Of particular interest in the field of aging is the relationship between the onset of acquired disease, the influence of social stresses, and the importance of life-styles, motivation, and expectations.

Theories and Processes of Aging

There are numerous theories of the aging processes. A few are ancient, and many more of recent origin. In this presentation I will touch upon selected theories and processes of aging, particularly those which are associated with new and rapid expansion.

Biologic Processes

These theories or processes rarely apply to all components of the human body. It should be remembered that the bodies of humans in higher animals all consist of three biological components. Two are cellular and one is noncellular. Within the living body there are cells capable of reproducing themselves throughout the life span. Skin cells and white blood cells are examples of such cells that have the capacity to reproduce. There are other cells that cannot reproduce and when lost, cannot be replaced. Such cells are the neurons of the brain and of the nervous system. A third important component of the body is the material that occupies the space between cells. Obviously aging research would be considerably simplified if it could be demonstrated that a single process of aging occurred in all three components of the body and if there was a unified theory of aging. Unfortunately this is not the case as the aging theories and processes that have been developed rarely appear to have uniform application to all components of the body.

Free radicals are molecular entities which contain an unpaired electron. Because of this, they are often considered to be molecular fragments, and because of the unpaired electron, they are highly reactive. Free radicals have been known to exist in the environment for some time, but it is now known that free radicals are a product of normal metabolic processes. For example, the essential consumption of oxygen which is the essence of respiration involves multiple steps during which the free radical intermediate products result. In addition to their appearance in normal processes, free radicals are produced by exposure to ionizing radiation and to such chemical toxins as ozones and hydrogen peroxide. Free radicals have their highest concentration in the mitochrodria (the dynamos of the cell – converting sugar and fat into energy), and they can be damaging in a number of ways. Free radicals can produce a mutation in DNA and damage other cell parts and processes. The human body does have a defense system such as an enzyme called superoxide dismutases which was first found in the red blood cell. These enzymes are incredibly efficient scavengers of free radicals, and are normally present inside mitochondria. It is quite possible that the defense declines in efficiency with aging or that it is overtaxed by the burden of holding in check the destructiveness of the free radicals.

Another currently important theory of aging holds that the hypothalamus plays a very significant role in the loss of homeostatic mechanisms in the body (Samorajksi and Hartford 1980). Some believe it is the location of an aging clock. Cell loss, a common event in late life, has been observed in the hypothalamus. This, however, is not the only aging change. There is evidence that the metabolic efficiency is impaired in the neurons and glia cells. Furthermore, there are alterations in the blood vessels, the neuronal structure, amyloid accumulations, and neurosecretory activity.

It is certain that the cells within the hypothalamus have their own internal controls, but their actions are clearly responsive via a feedback mechanism to other changes within the body to changes stimulated by the environment. The hypothalamus accomplishes its task by neuroendocrines (hormones) and neurotransmitters. Sometimes it appears that there is a very fine line between these two classes of biological substances.

There are certain individuals who seem to age prematurely or rapidly. Such changes are considered to be inherited or acquired through disease, trauma, or social stress. Obviously, the turning on or off of the aging process may be the result of an internal stimulus, an external stimulus, or a combination of stimuli. Furthermore, the turning off and on of gene activity may occur at different ages.

There are a number of theories of aging and diseases of late life that are related to alterations of genes or to chromosome loss or damage. Chromosome loss is likely to be linked to the aging process and senile dementia, while chromosome damage tends to be associated with the cause of cancer (Jarvik 1975).

One theory of aging holds that it is the result of the progressive accumulation of DNA damage and that the rate of accumulation is inversely proportional to the life span. Beyond this is the necessity of explaining accumulation of the damage; that is, is it the result of overexposure to hostile influences? Is it the lack of or the inadequacy of protective mechanisms? Or is it a failure of the reparative processes? Furthermore, the ability to repair or protect against DNA damage may be different in various tissues, and in addition, there may be considerable individual variations.

DNA repair can be successful, partially successful, or it can be a misrepair; that is, the repairing mechanism results in an abnormal type of DNA capable of initiating defective and dangerous processes.

The immune system performs both surveillance and protective tasks. An effective immune system is essential for the preservation of life. Consequently it is a complex and widespread bodily function. The immune system has two major components. One is the humoral immune response which is characterized by the production of antibody molecules which specifically bind the introduced foreign substance. The second is the cellular immune response. Cells are mobilized which can specifically react with and destroy the invader. Considerable evidence has accumulated that indicates that there is a decrease in immune competence and alterations in the regulation of the immune system associated with aging. With aging, surveillance is impaired, and there is a decline in the efficiency of the protective mechanism. Furthermore, there is a loss of control so that the immune functions become so distorted that they are self-destructive. Autoantibodies increase with the passage of time, and the presence of auto-antibodies identifies subpopulations at high risk of early death (Suskind 1980).

Cells such as neurons and cardiac muscle cells that cannot divide may be particularly vulnerable to alterations in the immune system. The loss of nondividing cells in the aging body has been previously mentioned. It may be that this loss is the result of the inability of the immune system to protect these non-replaceable cells, or the death of the cells may be the result of autoaggressive processes.

The theory of deliberate biological programming holds that within a normal cell are stored the memory and the capability of ending the life of the cell. It has been established that normal human fibroblasts when cultured can divide 40 to 60 times and then die (Hayflick and Moorhead 1961). It has been reported that a number of doublings is not different in male or female cells. If this observation holds up, then it is evident that the differences in life expectancy between the male and female cannot be attributed to intracellular differences. Assuming deliberate biological programming is present in the cell, it would be logical to place its location in the genetic DNA-RNA portion of the cell.

Psychological Theories

According to Birren and Renner (1977) there is no pressure on the field of psychology to produce a unifying theory or to explain how behavior is organized over time. They view the psychology of aging as predominantly a problem and data-oriented area of research. Baltes and Willis (1977) reach a number of conclusions including "all existing theories (of psychological aging and development) are of the prototheoretical kind and are incomplete."

The psychological theories that have appeared are often the extension of personality and developmental theories into middle and late life. Personality theories usually consider the innate human needs and forces that motivate thought and behavior and the modification of these biologically based energies by the experiences of living in a physical and social environment.

Schaie (1977-78) has recently advanced that he calls "a stage theory of adult cognitive development." His tentative scheme involves four possible cognitive stages. These sequential stages are denoted as acquisitive (1-childhood and 2-adolescence), achieving (young adulthood), responsible and executive (middle age), and reintegrative (old age). During middle life he postulates two overlapping cognitive patterns – a "responsible" component and "executive" abilities – neither can be judged by common psychometric testing. He suggests that during the life span there is a transition from "what should I know" through "how should I use what I know" to "why should I know" phase of life. Schaie believes that numerous new strategies and techniques will have to be developed in order to fully test a stage theory and that alterations in the theory will emerge.

Kalish and Knudtson (1976) recommend the extension of the *concept (theory) of attachment* common in infant and child psychology to a lifetime conceptual scheme for understanding relationships and involvements of older people. They further state that the *concept (theory) of disengagement* is not functional and that it should be eliminated. Attachment is a relationship established and maintained by "social bonds" and is distinguished from social contacts. Elderly people lose significant early objects of attachment. New attachments are often much weaker and frequently not mutual and therefore vulnerable. Kalish and Knudtson argue that an appreciation and understanding of attachments will provide a better approach to explaining the psychological changes in elderly people. Relevant to the attachment concept is the finding by Lowenthal and Haven (1968) that more than any other single factor having a confidante appeared to discriminate between elderly persons who were institutionalized and those who could remain in the community.

Social Theories

The term *social* in its broadest usage and as applied to human beings "refers to any behaviour or attitude that is influenced by past or present experience of the behaviour of other people (direct or indirect), or that is oriented (consciously or unconsciously) toward other people. Normally the term is morally neutral" (Gould and Kolb 1964).

Social scientists are usually concerned with the social role or place (status) of the aged in society. Aging to a social scientist may refer not only to a decline in social usefulness but also to an alteration of status. Social theories relevant to the aging and elderly are affected by the structure of society and social change. One such theory holds that the status of the aged is high in static societies and tends to decline with rapid social change. According to another theory, the status of the aged is high in societies where there are few elderly, and the value and status of the aged decline as they become more numerous. A third theory holds that the status and prestige of the aged are high in those societies in which older people, in spite of physical infirmity, are able to continue to perform useful and socially valued functions. This last theory has a particularly pessimistic quality when applied to Western society, because early retirement and rapid social change are making it difficult for the elderly person to be involved in socially valued functions although attempts are being made to improve the situation.

Currently there are several social theories frequently discussed by behavioral scientists. One is the *disengagement theory* advanced by Cumming and Henry (1961). The second is *the activity theory*. The disengagement theory maintains that high satisfaction in old age is usually present in those individuals who accept the inevitability of reduction in social and personal interactions. The activity theory is the opposite of the disengagement theory and holds that the maintenance of activity is important to most individuals as a basis for obtaining and maintaining satisfaction, self-esteem, and health (Havighurst 1963).

Social Theory – Continuity Theory

Continuity theory holds that the majority of aging people retain certain psychosocial patterns throughout their life span. The main principle of continuity theory is that the person's lifelong experiences create in him predispositions that will under ordinary circumstances be maintained. Whether a person disengages or remains active is determined by the complex interaction among predispositions. The predispositions are influenced by biologic and psychologic factors and by the socioeconomic opportunities. A major hypothesis related to the continuity theory is that most old people tend to maintain similar attitudes, levels of functions and activities relative to their age cohort despite overall age changes. This hypothesis is in contrast to the life event stress theory where it is held that major life events are inevitable and result in marked changes in attitudes and activites (Palmore 1981).

Aging in the Central Nervous System

One of the earliest observations that continues to be of great significance is the gradual loss of neurons, particularly those in the brain. There are numerous other changes within the central nervous system including the appearance of neurofibrillary tangles, senile plaques, the accumulation of pigments within nerve cells, and a decline in the weight of the brain. A number of factors contribute to this weight change. Evidence is accumulating that the neuronal loss is not evenly distributed throughout the brain. The counting of neurons in more circumscribed areas has revealed that variation occurs in the cortex and in the brain stem (Brody 1973). Age changes are complicated by the recent work demonstrating that there are alterations within the synapsis of the brain, and a decline in dendrites further disrupts the neuronal networks (Scheibel et al. 1975) (Bondareff and Geinisman, 1979).

In addition to these identifiable anatomical changes, electrophysiological measurements clearly reflect age changes.

Common Mental Disorders of Late Life

As to psychiatric disorders in old age, it appears that 1% of persons over the age of 65 are in private or public mental insitutions. This leaves 3 to 4% of old people who are residing in nursing homes, homes for aged, geriatric or chronic disease hospitals. It is estimated that more than one-half of them suffer from significant psychiatric disturbances. Therefore, by combining these bits of information, we can conclude that at least 60% of all the old people who have been institutionalized are suffering from psychiatric illnesses.

Organic Brain Disease

Studies of the prevalence and incidence of organic brain disorders in old age are influenced by many factors including the criteria for diagnosis and determining severity, estimates of duration, listing of presumed cause, and the place of residence of the person. Consequently, there is considerable variation of mild dementia in various studies. Moderate and severe dementia varies from 5 to 7.1%. There is agreement that the prevalence and incidence of moderate or severe forms of chronic brain syndrome increase with advancing age until the age of 80 years when the incidence appears to level off (David and Klaus 1980). It is estimated, however, that at least 50% of the United States residents of nursing homes are there because of organic brain impairment.

Considerable scientific effort has been expended to determine if senile dementia can be differentiated from presenile dementia often called Alzheimer's disease. Neuropathologists generally hold that they are the same disorder, as the histopathological findings are sufficiently similar that they are unable to be differentiated. The clinical course of the disorders is similar, but the age of onset is the major distinguishing factor. This is reflected in *The Diagnostic and Statistical Manual of Mental Disorders* III (DSM-III 1980), as age of onset is the only differentiating criteria. Some epidemiologists, behavioral geneticists, and others feel the two disorders are separable. There does appear to be a gap between the usual age of onset of the presenile dementia and the senile dementia, and the familial influence is more evident in presenile dementia than in senile dementia. The existence of Pick's disease and Jakob-Creutzfeldt disease does not enter into this controversy as the neuropathological findings are characteristic, and the possible cause of these two disorders is better understood.

Down's Syndrome and Alzheimer's Disease

A possible link between Alzheimer's disease and Down's syndrome has been the subject of increased attention. Originally the suspected link stemmed from the recognition that senile plaques, neurofibrillary changes, and granulo-vacuolar degeneration, the three findings that are characteristic of Alzheimer's disease, also appeared prematurely in individuals with Down's syndrome who survived to the age of 35 or more. A second connection resulted from evidence that families who had Down's syndrome were also more likely to develop senile dementia; hence the search for a common defect that was genetically determined (Burger and Vogel 1973).

Depressive Episodes

Evidence indicates that depressive episodes increase in frequency and depth in late life. Elderly subjects are aware of these more frequent and more annoying depressive periods, and they report that during such episodes they feel discouraged, worried, and troubled and often see no reason to continue their existence (Busse 1961). Only a small number admit entertaining suicidal ideas, but a larger percentage state that during such depressive episodes they would welcome a painless death. During such periods the elderly are more or less incapacitated, but they rarely seek medical help. Observations indicate that there is a difference in the process leading to depressive episodes in the elderly as compared with the middle-aged or young adults. Guilt and the turning inward of unconscious impulses (interjection) are common mechanisms in the depressions of young adults. This is not the case with elderly subjects. Depressive episodes can be readily linked with the loss of usual sources of maintaining self-esteem. This type of reaction must be distinguished from a major depressive illness with persistent biological signs and symptoms, as a major depression requires pharmacological treatment and often hospitalization.

DSM-III attempts to separate episodic depressions from major depressive episodes. The distinction is based on the presence of a dysphoric mood of at least two weeks' duration and the existence of at least four to eight symptoms which have persisted and are of a significant degree. These include alteration in appetite with weight loss or weight gain, sleep changes and insomnia or hypersomnia, a loss of energy and psychomotor agitation or retardation, a loss of interest or pleasure in usual activities, a decrease in sexual drive, feelings of self-reproach or inappropriate guilt, decreased ability to think and indecisiveness, and lastly suicide ideation. Some psychiatrists believe that traumatic experiences and stressful events are not of special importance in precipitating severe depressions in the elderly (Post 1978).

In recent years there has been increasing evidence that patients with primary depressions have a number of sleep-EEG changes including a reduction in total sleep time, a short REM-latency, that is, the time between sleep and onset and the first REM. In turn, it appears that patients with depression secondary to medical disorders also have characteristic EEG changes. It appears that EEG sleep changes have a relatively high predictive value in determining those who have primary depressions.

Suicide

Twenty-five to 30% of all successful suicides in the United States of America are accomplished by persons over the age of 65. Although throughout the life span women attempt suicide more frequently than men, males when they do attempt suicide are very likely to be successful. Furthermore, for males throughout the life span the suicide rate continues to climb, while in females it peaks in late middle life, that is, between the ages of 45 to 64, and then steadily declines. To date, there is no satisfactory explanation as to why suicide is more common among men than women.

Diabetes Mellitus – Multiple Causation: Heredity, Aging and Acquired Factors

Late onset diabetes is a common and serious problem for elderly patients and illustrates the complexity of needed research. Just a few years ago everyone thought of diabetes as a single disease. It is now clear that diabetes is a group of disorders almost all of which have some genetic basis for their appearance (Salans 1982). There are two large groups of diabetic disorders. One, the juvenile onset type, is often referred to as insulin-dependent diabetes. The one important to elderly people is called maturity onset diabetes; hence age plays a role. Late onset diabetes is a non-insulin--dependent type. Within these two large diabetic groups there are many sub-types. Although a genetic predisposition is a common feature of these disorders, the genetic characteristics may be quite variable from one form of diabetes to the other. This genetic predisposition interacts with environmental factors which precipitate diabetes in the individual. Hence, a genetically susceptible individual may escape diabetes if the person is not exposed to a hostile environmental factor. A defective immune system is very likely a major part of the genetic predisposition. Viral infections, particularly in children, are associated with the onset of insulin-dependent diabetes. Interestingly, by far the most common form of diabetes occurring in the United States is not associated with a deficiency in insulin. Eighty-five to 90% of diabetics do not have a deficiency of insulin. These individuals, for some reason, do not metabolize glucose effectively by the proper use of insulin. Consequently, this phenomenon is referred to as insulin resistance. Future research will not only direct itself to treatment but also to early recognition of individuals who carry a genetic predisposition to diabetes and identification of those factors in the environment which are likely to result in the onset of diabetes. Prevention will be much more effective than treatment.

Sleep

During the past decade considerable advancement has been made in our understanding of the physiological changes during sleep although the functions of sleep in a large degree remain a mystery. Four major stages of sleep have been identified. Stage 1 commonly known as rapid eye movement sleep (REM) after its initial appearance in a night of sleep is the stage that is most likely to be associated with dreams. Four to five REM episodes occur during a night's sleep, and these REM periods become progressively longer during the sleep period. Sleep patterns and sleep requirements change throughout the life span (Williams et al. 1974). In advanced age the REM periods become more equal and Stage 4 sleep, the deepest sleep, is the phase of sleep which is most strongly affected by age over the human life span. In fact, after the age of 65, Stage 4 virtually disappears. Stage 4 sleep is characterized by almost continuous high amplitude slow waves. In younger adults it is affected by such things as napping during the day and the amount of awake period preceding sleep. It is interesting then that delta sleep, that is, Stage 4 sleep, diminishes over the night span (Feinberg et al. 1982). Therefore it appears to be related to some restorative function. If it has a restorative function and if it declines or disappears in late life, how does the brain compensate for the disappearance of a restorative process? And what does the loss do to thinking and behavior?

Since sleep occupies one-third of our adult life, it is important to understand this to appreciate "normal" sleep changes as well as the sleep disorders. We must have a better understanding of the functions of normal sleep if we are able to appreciate its possible adverse effects.

Promising New Techniques

Over the past decade a number of new techniques have emerged which are noninvasive imaging methods for medical diagnosis and for biological investigation. X-ray computed tomography (CT) is rapidly being followed by the emergence of positron emission tomography (PET) and nuclear magnetic resonance (NMR). Both of these approaches convey information about body chemistry and physiology, both normal and abnormal. These techniques give more information about physiologic-biochemical function than they do about anatomic structure and abnormalities. Positron tomography appears to offer great potential for the study of possible chemical defects, while NMR give a clear measure of the relative concentration of certain important substances such as adenosine triphosphate (ATP) and creatine phosphate in selected regions of the brain (Brownell et al. 1982).

The use of NMR to study living tissues began in 1968. It was, and is, a quantitative measure of hydrogen. Duke University Medical Center hopes to add the capacity to measure sodium and phosphorus. The theory of NMR is based on the fact that most common elements have at least one reasonably abundant isotope whose nucleus is magnetic. The response of the nucleus to an external magnetic field aligned with or against the field can be measured and spatial distribution can be determined.

Life Span Determinance

Life expectancy in the developed nations is highest in Switzerland where it exceeds 78.3 years. Life expectancy at birth places The Netherlands in the second rank, followed by Sweden, France, Japan, Canada, and the United States of America.

The percentage of the population 65 years of age and over in all of Canada is approximately 8%. Alberta in 1976 had 7.5%, 65 years of age and over (Engelmann and Stevenson 1980). In the 1900's the migration into Alberta was predominantly men, but in recent years the sex ratio has been rapidly shifting. In 1976 there were 768 males to 1,000 females for those 85 years of age and over. In 1979 for those 65 years of age and over the ratio was 858 males to 1,000 females. At birth the average life expectancy in Alberta for males is 71.3 years and for females it is 78.4 years. Once a person reaches age 60, life expectancy is an additional 22 years for females and 18 years for males.

The significant difference in the life span of the female and the male in the developed nations raises the question of the importance of genetic differences as opposed to and combined with a favorable environment for the female that affects life expectancy.

Selected Mandatory Retirement – A Specific Age Rule

Aging processes are present in all people, but they do not necessarily progress at the same rate. There are individual differences not only for the total organism but for organs and systems. A recent report concluded "that there is no convincing medical evidence to support age 60 or any other specific age for mandatory pilot retirement" (NIA 1981b). In December of 1979 the United States Congress enacted Public Law 96-171, an act to require a study of the desirability of mandatory age requirement for certain pilots and for other purposes. This study was to examine the value of the existing law which "prohibits air carriers from assigning a person who reaches 60 years of age to piloting duties, either as a pilot in command or as a co-pilot." The panel concluded that air carriers operating under the limiting conditions of the age 60 rule have achieved a very high level of safety during the past two decades. They found no convincing evidence that older pilots because of their years of experience have a better safety record than do younger pilots. Contrarily, it appears that accident risk increases with increasing age. They concluded that if the chronological age for retirement was abandoned in favor of functional medical testing, it would be reasonable to begin such medical appraisals at about age 40 so that persons with unacceptable levels of risk could be identified for further testing.

The report frequently refers to the inadequacy of tests to predict certain declines in functioning such as cognitive performance. The panel concluded that very careful review by recommending that "the present age limit for air carrier pilots in command and first officers be retained." They further recommended that this age limit be extended to "cover all pilots engaged in carrying passengers for hire." The panel recommended that if this rule is to be relaxed to permit those individuals who are capable of retaining a high level of functioning, a systematic program to collect medical and performance data necessary to consider relaxation of the current age 60 rule be put in place.

Geriatric Training Programs

Geriatric training programs in the United States have lagged behind those in the United Kingdom and probably behind the geriatric training efforts in Canada (Robbins et al. 1982). For well over a decade this deficiency has been acknowledged by the medical education institutions of the United States. However, progress has been slow as in 1976 only 15 medical schools had educational programs that could clearly be identified with geriatrics. Within a three-year span the number had quickly expanded to 81 schools, and it is expected that within the very near future there will be very few schools without identifiable educational and geriatric training activities. Apparently there are approximately 36 geriatric fellowship programs, but the number of trainees in this position are less than 100. Usually the fellows receiving geriatric training have completed residency programs in internal medicine, family practice, psychiatry, or neurology. The basic training programs in family practice are receiving expanding attention. These fellowship programs are usually of a duration of two years, and the content and clinical experience is very similar to that described and conducted by the Division of Geriatric Medicine at the University of Alberta. This geriatric training program is a very commendable effort.

Training in Geriatric Medicine in Canada

The graduate training program in geriatric medicine at the University of Alberta provides a two-year training in geriatric medicine for which the trainees are eligible for a certificate in special competence in geriatric medicine from the American College of Physicians and Surgeons of Canada. Candidates must be certified by the Royal College in Internal Medicine.

Physicians having backgrounds in specialties other than internal medicine must be fellows of the College of Family Practitioners of Canada or the College of Physicians and Surgeons of Canada.

The program offers short term fellowships lasting six to twelve months. Such candidates must be fellows of the College of Family Practitioners of Canada, or of the Royal College of Physicians and Surgeons of Canada, or engaged in recognized training programs leading to such an end. Elective rotations are offered to residents interested in geriatric training at the Faculty of Medicine of the University of Alberta. This training program is primarily based at the Youville Memorial Hospital.

The Youville Memorial Hospital is the geriatric facility attached to the Edmonton General Hospital. This hospital includes a large component of geriatric beds and a smaller psychogeriatric unit. The geriatric program is under the direction of Dr. David Skelton who is also chief of staff of the Youville Memorial Hospital.

Nursing

Ida M. Martinson in a special report to the National Advisory Council on Aging (USA) on gerontological nursing reported that in 1980 there were 2,348 nurses with doctorates (Martinson 1980). This was an increase of 500 nurses with doctorates when compared to a survey completed in 1972. Of these 2,348, eight indicated that their major activity was gerontology, although another eight had gerontological nursing as their major. Eighty-one indicated that they had been training in nursing research. As to current research and academic activities, 7% responded that they were involved in gerontology, aging, or long-term care. Martinson concluded that this is not a satisfactory cadre of gerontological nurses involved in research. As to the research conducted by our nurses, she reports that "the vast majority of studies which have been done have focused on institutionalized elderly." Very few studies have been directed toward the non-ill aged individuals in the community and elderly patients in acute care settings. The Martinson report concludes by recommending that nursing academic awards to foster careers in gerontological nursing research be established. She urged the creation of gerontological nursing research centers and that other research opportunities be strengthened such as an experimental nursing home.

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Panelist's Response: Lawrence Fisher

The panelists were each given only 12 minutes, and as I have 24 minutes' worth of information to give you this morning, I'd like you to agree to take notes of alternate words between you and then you can put it all together when we are through.

First of all, it is a distinct challenge to follow Dr. Busse, who kept our attention, and indeed helped it grow as we went through his paper. Any person with that talent for taking a broad perspective deserves even more than the excellent applause that he received, I think.

We are reacting as panelists to the paper that Dr. Busse sent to each of us, which was somewhat more detailed and even more broad in its range than what he was able to accomplish in his presentation here this morning. As a consequence we may find that those of us who are panelists will be moving in slightly different directions based on our own orientations when reading of the paper. I'd like to begin by expressing a strong personal agreement with the fundamental thesis of Dr. Busse's paper – that research and education in gerontology share a common objective, which is the promotion of health and the well-being of people by enhancing and extending the vigourous and productive years of life. If we are in agreement regarding that thesis, then I believe I have some observations to make that, although entirely personal and for which I hold only myself responsible, I believe they would be of enough use in our thinking to be presented for consideration today.

If we look at that activity labelled research, it can be compartmentalized conveniently into three separate life stages. First, there are *descriptive* studies, in which we report observations of phenomena. If all goes well these observations often, and should, lead to theory development. Much of the research in gerontology is at this first stage of development right now. The second stage consists of *predictive* studies, wherein we have come to feel comfortable with being able to describe what is going on, and can now attempt to predict events and relationships. The research is designed to answer such questions as the following: If we have A, B, C, and D present, will E and F emerge? This is a second stage in the growth and development of research in a field. A third stage, or level of productivity, involves *manipulative* studies in which one or more variables are held constant while others are varied to produce what we hope are predictable results. Now, I would hope that we would not be too hasty in the field of gerontology in trying to get to stage 3, as we seem to be doing now in currently de-emphasizing stage 2, which is devoted to predictive studies. In our hurry to apply knowledge, we occasionally find ourselves trying to interpret *ex post facto* why, for example, such-and-such a project designed to improve the lot of mature citizens failed to do so. That is, we find ourselves attempting to tease out, or even simply to guess, the contributing variables. Often when we are caught in such a bind we say it is simply too late; that we should have designed the study more tightly to see exactly what the variables were that were involved. But that excuse will not work. Instead we must discipline ourselves to do far more research in gerontology at stage 2.

This brings me to my second point. We need to be very, very clear about cause-and-effect relationships. Concomitant direct variation, in phase (where variables increase and decrease together in magnitude or become more congruent and then less congruent over time in cycles), enables us to say directly that there is a strong positive correlation. But that is no evidence, and certainly no proof, of a cause-and-effect relationship among the variables. Yet there are some studies in the field in which this great leap of faith has been made, making interpretation more than a little problematical. Can I give you an illustration from another field – mental retardation – because this is a field with which I am more familiar. Early observations of the mentally handicapped in large institutions disclosed that they spent hours rocking back and forth on their cots. Indeed, if you go to some of our large institutions today you will still find clients so engaged. This phenomenon was taken as evidence of sensory incompetence in the mentally handicapped, and therefore provided the justification for little or no educational programming for clients in large residential institutions. But, it was later found that mentally handicapped children *raised in their own homes* were not exhibiting this behaviour to the same degree and, to make a long story short, the cause of the rocking was found to be sensory deprivation. Also, it was then determined that the mentally handicapped were capable of much more, and that they were able to benefit from planned sensory enrichment on their behalf. Far from finding a justification for little or no educational programming, the opposite was the proper interpretation of the evidence before us. More educational programming was needed. In fact, in our most progressive schools for the mentally handicapped today, not only is sensory enrichment provided, but for the mentally handicapped punishment is the act of being put into what is called "the grey box". This is simply a space in which all sensory input is reduced to a minimum. Mentally handicapped children don't like to be in such a situation, and recognize it as punishment. So in our initial attempt to understand behaviour of the mentally retarded, we had the cause and the effect the wrong way around. Similarly in gerontological studies we need to be very clear about what is cause and what is effect.

Third, in our research in gerontology, we need to re-emphasize the study of those who cope more successfully as mature citizens. I hope I don't sound too heartless here but I want to make a very direct statement: that we must turn away from the accessible captive subjects for research that we find in our institutions and government programmes and use as subjects for study those who are coping most successfully in later years. Now, I am not saying that we should abandon those citizens that are institutionalized and that do need help – the most help that we can give them – but if you look at the broad spectrum of people of different capacities, different abilities, and different degrees of coping, who comprise our senior citizen group, we need to focus on those who are successful in their own settings, those who can, those who do, as opposed to those who can't, and who don't, because of extenuating circumstances. If we study only those who can't and don't, we end up with studies which emphasize the *reduction* or the *eradication* of problems. That is very consistent with the medical model, you know. The emphasis becomes that of determining what is wrong and how it can be corrected. On the other hand, if we study those who can and who do, we get studies that emphasize the positive – reinforcement, implementation, emulation of successful models, and methods leading to growth and progress. It could be called the political model. I think we need to turn away from the medical model to the political model more and more in our studies in aging and gerontology. Certainly such studies would be more generalizable, since 75% of our senior citizen group do live very successful individual lives without special support groups and assistance.

Fourth, there is a danger of confusing the native habitat of our experimental animal, to put it in research terms. The native habitat of mature citizens is not necessarily where society has attempted to place them. For instance, if we were meeting in Calgary, I could take you from the downtown core, across the Bow River, and northeast through the trees of Memorial Drive to 12th Street N.E.. Now, if you were standing on that street with me I would get you to circle through 360 degrees with me. Here is what we would see. If we start by facing southwest, we will see the Canadian National Institute for the Blind – a needy group, but since they are not quite ordinary people perhaps across the river would be a better location. And now as we turn further, we come to new and old housing for senior citizens. Again, friends of ours and people we know, to be sure, but perhaps, across the river would be better for them, too. We could not help but conclude that we were suddenly in a ghetto of the wounded and the different. Particularly with the emphasis on housing for senior citizens, it gives a whole new meaning – a whole new context – to that song that we used to sing when we were much younger, "Over the river and through the woods to Grandmother's House we go." We could hardly describe 12th Street N.E. in Calgary as an appropriate native habitat for senior citizens. Instead, we need to think of the areas of study of senior citizens being the areas of our cities and towns inhabited by those people who are coping successfully. Studies of ordinary residential areas are perhaps more descriptive of the native habitat of senior citizens.

Fifth, there is a need to become increasingly inter-disciplinary or multi-disciplinary in our research. Unidisciplinary investigations, we are finding, produce models that are far too simplistic for practical application in research mentioned earlier, whether it be observational, predictive, or manipulative. One of the particular benefits for us, by the way, of Dr. Busse's paper is that in his survey he found it essential to move from discipline to discipline, to give the total picture, and even though the disciplines were grouped into large categories such as biological research, psychological research, and sociological research, it was the tying together that produced the meaningful information of use to us in improving the lot of senior citizens. Unidimensional investigations produce models that appear to be not only too simplistic but which are also not amenable to generalization over time or over populations. Yet this interdisciplinary research which I'm emphasizing requires people who can, and who will, bridge disciplines. This means that these people must learn the disciplines that belong to other people; not just understanding them, but being able to work comfortably in them. Let me explain what I mean by "comfortably". In our medical school we have two people who teach as a team. One of them can be labelled a Biochemist the other an Immunologist. It happens that we are very proud of them because they are both graduates of our own school. In the course in Immunology, they go into the classroom and work with the students, one being the Biochemist and one being the Immunologist. They start to work talking about the way each thinks about concepts, principles, and facts, and about each of these fields – biochemistry and immunology. The students are fascinated; it is very beautiful team teaching and it goes on at a very high level for an hour and a half to two hours. But the students are truly surprised when they come the next day for the succeeding lecture and discussion, to find that although again there is the biochemist and Immunologist teaching together, that the two people involved have changed roles. The Biochemist has become the Immunologist and the Immunologist has become the Biochemist, and what is more they are moving with equal ease and equal accessibility to each other's language and with each other's concepts. The net effect on the students is that they come to realize that if these two as instructors can do this bridging from one discipline to another and find it meaningful and useful, maybe they should begin to attempt the same thing. The demonstration also says, to get back to my basic point, that if you or I are going to do research with others in a field which is not our own, we will have to learn what other people are doing, and what they are thinking about, in fields related to ours. This bridging from discipline to discipline is particularly important at the present stage of development of research in gerontology.

My sixth point; in research in gerontology we can go too far in attempting to define a generalized model applicable to all studies of senior citizens. So much effort can be put into creating a general model that handles *all* situations and *all* events, with very little benefit. My argument stems from a parallel situation in another field of research, because to date I doubt if we have yet in gerontology established any generalized models of the "senior citizen". The parallel is the attempt to develop a generalized model of the effective teacher. You should know that there have been to date over the last 50 years or so, over 3,000 studies attempting to define effective teaching and "the effective teacher". The net conclusion of all those studies, however, is that there is no such thing as the generalized effective teacher. There are teachers who are effective given *certain* students, given *certain* subject matter, and given *certain* settings for themselves. It we take these three factors and study their inter-relationships, then we will get particular definitions of effective teachers with particular students in particular subject matters. This is the only productive research route. Thus we have opened up three large areas for research and investigation with a far higher probability of productive and useful information resulting. The generalized "teacher" model has been put to bed for good, we hope.

In summary then I believe that we need to pay particular attention to these six points that I have described in the first part of my talk in planning and executing research in the fields of aging and gerontology.

For the remainder of the time available to me, I want to talk a bit about the educational programs offered as preparation for members of the helping professions and which are designed to develop an understanding of the processes of aging and gerontology and an appreciation of the attributes of senior citizens. First of all, we need to talk a little bit about educational design.

We all know the so-called cybernetic cycle of educational design. You start with obstructional objectives; you then move on to the learning experiences designed to accomplish those objectives; and you then move on to the learning experiences designed to accomplish those objectives; and you then move to the evaluation procedures designed to determine whether the learning experiences have been effective in helping the students attain the objectives. The information you receive from evaluation procedures provides some feedback on the appropriateness and focus of the original statements of objectives. Thus there is a never-ending cycle in educational design; we are always replanning and renovating courses and units of instruction.

The real issue becomes, then, what objectives should we set for students in our professional schools related to an understanding and proper attitudes toward senior citizens and situations in which they find themselves – medically, sociologically, psychologically, and so on? In the design and execution of our learning experiences in professional programmes we often make certain assumptions about the appropriateness of the objectives that we are attempting to get our students to attain, that are really open to question. For example, in medical schools we frequently restrict the teaching concerning the aged to a long catalogue of the disease entities that senior citizens are prone to fall victim to. And these are studied in considerable detail. But if we spend five long lectures working through this catalogue of diseases, it raises the question of what it is we are trying to accomplish in terms of instructional objectives. It is not only the *diseases* that we should be studying; it is the *people* themselves and their lifestyles that contribute to good health and ill health that should be our focus. The curricula of medical schools need to be altered, or the emphasis changed, to include studies of how senior citizens live, the kind of things they think about, the kinds of things they worry about, the kinds of things that might contribute to psychosomatic illness, and the kinds of things that might lead to other difficulties. This approach would open up a whole new attitudinal spectrum to our students. Educational programming for the nursing profession is ahead of that of medical schools, I am glad to say. The nurses have gone much further in curriculum development related to the study of aging and gerontology. Nurses were the first people to say that there was nothing deviant about getting on a bit in years and to say that in caring for individuals who are older we need to interpret the world as they see it in order to be of help to them.

I bring up the subject of attitudes, and how important they are in terms of objectives, because of a personal experience. I was working with a medical student about a year ago now, and he was having great difficulty working with a particular patient. I took him aside and said, "You know, you are just not getting on well with that patient. Mr. X just isn't hearing you. And I don't think he is hearing you because you are not listening to him as closely as you should." The student replied, "Well, Dr. Fisher, I am sorry but I just don't know exactly what to do with this patient. I'm not up on my gerontological medicine." My instant reaction in my own mind was to say just a minute! This gentleman is 53 which is 5 years younger than I am, so what do you mean by classifying him as gerontological? Does this mean that in the eyes of the students I am "old" too? The answer, of course, is that the student indeed automatically stereotyped the patient, and me, into the category of "elderly people". But I was particularly intrigued by my own strong negative reaction in that I considered being considered "old" an improper category for myself. And in talking with many senior citizens I catch their amusement, and sometimes their bitterness, in recognizing that younger members of society are so quick to place them in what appears to be a demeaning category. And so I am gradually learning, and I hope our medical students are learning, that mature citizens are just *mature citizens*, and that generally speaking they are like everybody else in their needs, interests, and activities. If I adopt this attitude, and convince some of my fellow faculty members to act the same way, then we should be able to convince our students that the very quick pigeon-holing of senior citizens into a "elderly" category does far more harm than good in learning to work with them and even in actually helping them. This observation gets us back to the point made earlier that the learning that goes on in professional programs is a direct function of the intended instructional objectives, and that in all the educational programs of helping professions we will need to check to see if we are developing the proper attitudes toward, and proper understanding of, senior citizens. Judging by the people I have been talking with at this conference, I am glad that senior citizens can see the humor in their own situation, and enjoy laughing at some of the attitudes we adopt all too unconsciously when working with them.

By way of summary, then, I would say that in professional education we need to examine our own courses of study to see exactly what our objectives are, and what our learning experiences are, in the development of an understanding of, and proper attitudes toward senior citizens and their problems. Thank you.

Panelist's Response: Gloria Gutman

In his presentation on research and education, Dr. Busse has made a number of points that are as descriptive of and relevant to Canadian gerontologists as to our American colleagues. Primary among these was his statement that gerontologists view attempts to prolong life that do not also improve quality of life as of little value. The theme of improving quality of life is one that appears repeatedly in our writing and in our rhetoric; it is the guiding principle underlying much that we think and do.

Also shared by Canadian gerontologists are goals of aging research identified by the scientific advisors to the U.S. National Institute on Aging (N.I.A., 1981) viz., to understand the basic processes of aging; to understand, prevent and control the clinical manifestations of aging and age-related disorders; to understand the interaction between older people and dynamic society; and, to increase the opportunity, motivation and support for older people to contribute productively to society. Like our American colleagues we, too, seek to understand why some cells age more rapidly than others, to account for sex differences in longevity, to lengthen the period of active, healthy life and to improve the health care and service delivery system.

If we are to achieve our goals and provide answers to key research questions, Canadian gerontologists must, however, even more than their American counterparts, direct attention to the production of trained manpower. If a tally were to be taken of the number of individuals in this country providing direct service to the elderly who have specialized training in gerontology or geriatrics it would not be necessary to employ a computer; perhaps not even an old-fashioned hand-cranked adding machine. Fingers and toes will generally suffice for our accounting. The same holds true in tallying our supply of educators and researchers with specialized training in gerontology or geriatrics. The numbers get even smaller if we restrict ourselves to those who have completed their training in Canada.

The Status of Psychological Theories and Some Methodological Cautions

In his discussion of psychological theories of aging, Dr. Busse pointed out that most that have appeared are simply an extension into middle and old age of personality and developmental theories formulated to explain the transition from infancy to adolescence. Dr. Busse then went on to draw our attention to Schaie's (1977-78) recently developed "stage theory of adult cognitive development". Presumably one reason for highlighting Schaie's theory was to direct our thinking towards the possibility that adult cognitive stages may be qualitatively different than those of earlier stages of development. A second reason, less clearly articulated by Busse, but explicit in Schaie's writing, was to caution us against the use, with the elderly, of testing procedures developed for children or young adults. As Schaie points out:

> When we assess cognitive function by means of procedures found valid for young adults, we assume quantitative change in cognitive structures which remain qualitatively uniform throughout life.

Schaie's contention is that differences in cognitive function of young and old are not ontogenetic in nature. While recognizing the possibilities of cohort or period effects, he feels that observed difference between individuals of varying chronological age may reflect peak periods for particular types of cognitive activity. Adolescents, for example, may show peak functioning in problem-solving activities that are task-limited. Young adulthood, in contrast, requires goal orientation while in middle age there may be a need to develop cognitive strategies which are efficient at integrating complex and high level relationships. If Schaie is correct in his theorizing, in middle age we should see gains on laboratory tasks such as pattern recognition, on tasks involving inductive thinking, and on complex problem-solving tasks. There should be a corresponding lowering of skills in task-specific situations, these being of lesser relevance to the experiential demands placed upon the middle-aged individual.

An Additional Caution

In addition to recommending that experiential demands be taken into consideration in designing testing programs for individuals of varying ages and cautioning against using testing techniques developed for younger persons to measure the cognitive functioning of older persons, I should like to add a further caution. This caution relates to applying measuring instruments and, for that matter, research findings, derived in the U.S.A. or elsewhere, to Canada's elderly. As Chappell (1980) points out, there are a number of grounds on which one can argue the probability of differences in the characteristics of our elderly and in the experience of growing old in Canada as compared to the U.S.A.. These include:

- that we have a different political history and political system;
- that we have a different health insurance system;
- that we are located in a geographical area which provides a different climate; and,
- that we have as a neighbour one of the most powerful countries in the world.

A Specific Example: Suicide Rates

A specific example of the danger of generalizing research findings derived elsewhere to the Canadian context relates to suicide rates. Dr. Busse pointed out that in the U.S.A., 25-30% of all successful suicides are accomplished by persons over the age of 65. He went on to state that:

> Although throughout the life span women attempt suicide more frequently than men, males when they do attempt suicide are very likely to be successful.*Furthermore, for males throughout the life span the suicide rate continues to climb*, while for females it peaks in late middle life, that is, between the ages of 45 to 64, and then steadily declines. (p. 26 - italics added)

It should be noted that the relationship between age and suicide rates in Canada is quite different. According to a report recently circulated by the Department of National Health and Welfare (Lepine, 1982), in 1977, the latest year for which data are available, only 10% of all reported suicides committed by Canadians were committed by persons 65 and over. In further contrast to the situation in the U.S.A., in Canada suicide rates for males do not increase as a function of increasing age (see Alder and Brusegard, 1980, p. 66). Application of U.S. age-sex trends in completed suicides to the Canadian scene would, in other words, provide a false picture.

The way in which suicide rates are disaggregated highlights another major difference between Canada and the U.S.A. The figures or tables which most frequently appear in American-authored gerontology textbooks (e.g. Kimmel, 1974, 1980) show suicide rates by age, sex and by colour - that is, rates are shown separately for white and non-white males and females. In Canada, disaggregation tends to be primarily by province. If it were to be by colour, the composition of the non-white group would be considerably different than in the U.S.A..

A clear implication of this example is that while we can perhaps import and utilize data derived from basic bio-physiological or bio-medical research we cannot rely on imported demographic data nor on imported studies on topics likely to be highly sensitive to the socio-cultural or geo-political context in which they were conducted. Rather, we must develop our own research capacity in these areas.

The Need for Cross-Cultural and Policy-Related Research

With the U.S. Technical Committee on Research on Aging (D.H.H.S., 1981), I would certainly support the development of a number of internationally coordinated research projects. Such projects would help us to verify suspected similarities and differences between Canada's elderly and those in other countries and to compare and share problem-solving strategies. Such research might also motivate and aid us in taking the next steps which, according to Hill (1981), are necessary to develop a viable Canadian gerontology. These steps involve asking and answering the questions:

- What are the *implications* of identified similarities and differences between Canada's elderly and those living elsewhere? and,
- Are we *educating* for identified similarities and differences?

I would also strongly endorse the Technical Committee's recommendation that research manpower training programs devote more attention to "policy related issues" and to the development of skills that will enable trainees to effectively engage in program and service monitoring and evaluation. Rather than restricting these recommendations to the training of researchers I, however, would like to see a strong emphasis on policy related issues and on evaluation included in the training of virtually all who would engage in the aging enterprise.

Attention To Cost-Benefits

Dr. Busse has argued that "in as much as resources are in short supply, we cannot afford inefficiency or waste. Therefore, we cannot afford investments, whether they be in research, production or services, that will not at some point in time contribute to satisfying basic human needs." I would argue that cost-benefits should be of concern regardless of the state of the economy. Even in good financial times our resources are too few to expend wantonly.

For those of you who are not yourself researchers it should be pointed out that there is far less likelihood in Canada than in the U.S.A. of tax-supported research projects being used to increase the personal affluence of the investigator. This is true not only because of the generally lower level of funding available for research in Canada as compared to the U.S.A., but also because most of our funding agencies state explicitly that funds may not be used to support the activities of the principal investigator. Rather, they are to be used for salaries of support staff - that is, for research assistants, secretarial and technical staff, and to cover the direct costs of data gathering and analysis. In Canada, more often than not, the principal investigator receives no compensation from the grant to cover his/her contribution to the research project. Sometimes, as has been true in my case, the principal investigator's university-provided salary is less than that of persons hired to work under his/her direction on grant-funded projects.

Targeted Research

A further point made by Dr. Busse concerning research funding that I should like to respond to is in regard to targeted research. In this country considerable concern has been expressed by some members of the social science community over the decision of the Social Sciences and Humanities Research Council (SSHRC) to award so-called "strategic" grants. As stated by John F. Trent (1982), Executive Director of the Social Science Federation of Canada:

> At issue is the level of influence the federal government has over the Council and the degree to which its programmes should respond to national priorities.

A more specific concern is that too much new money is going to strategic themes and areas thereby, supposedly, diverting it from and ignoring the central role played by independent researchers in the advancement of knowledge. Rather than taking the time to point out that persons applying for strategic grants *are* independent researchers, that their applications are very stringently reviewed by their peers to ensure quality and that money allocated for strategic grants is money that otherwise probably would not be available, let me point out that most Canadian gerontologists have responded to SSHRC's initiative with loud cheers rather than with brickbats. The reason is that population aging was among the first areas to be designated "strategic".

New Developments

In his presentation Dr. Busse reported that the U.S. Technical Committee on Research in Aging felt that multi-disciplinary centres of research and training should be encouraged in university settings. At this moment, there are no university-based gerontology research centres in English-speaking Canada. While several universities offer non-credit certificates in gerontology through divisions of continuing education, only two offer credit-course-based diploma programs and none offer degrees.

I'm pleased to report, however, that the situation is changing. Thanks to SSHRC's strategic grants program two gerontology research centres will be opening in July, 1982 - one in British Columbia at Simon Fraser University and the other at the University of Manitoba. The increased visibility of gerontology afforded by these centres as well as the resources and technical services they will offer should do much to foster and facilitate faculty and student research. As a central source of information about aging and the aged these centres should also prove to be a very important resource for community and government.

Developments in the area of education are also taking place. Simon Fraser University, for example, currently has a proposal for a post-baccalaureate diploma program in gerontology before the Universities Council of B.C.. If approved, as we feel it will be, it will fill a major gap in gerontological education in Western Canada.

While these developments represent much hard work by a few dedicated individuals, and foresight on the part of federal and provincial funding agencies, the efforts of one particular group should be singled out for special mention. This group is the Canadian Association on Gerontology (CAG). Throughout its history CAG has been in the forefront in arguing the need for increased support for research and training in gerontology in the country. It is encouraging, indeed, to see its efforts beginning to bear fruit.

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Panelist's Response: Fred McKinnon

Dr. Busse, in the introductory paragraph to his paper refers to the quality of life, and he observes that it is quite possible we are now prolonging life very considerably without improving or adding to the quality of these added years. It seems to me additional emphasis might be given to that observation in the light of Dr. Busse's paper.

It is a well known fact that we are living longer. The percentage of Canadians in the 65 and over age group rose gradually from 5.0 in 1901 to 8.6 in 1976 and is projected to reach 9.3 in 1981, 11.9 in 2001 and 22.2 in 2031. Canada's population is projected to increase from two million in 1976 to 6.4 million in 2031.

The background statistics on Alberta's seniors indicate that more Albertans, especially women, are living longer. In 1976, 38 per cent of the elderly were 75 years of age and over, and 9 per cent were 85 years of age and over. The proportion of those 85 and over grew from 3.6 per cent to 9 per cent between 1951 and 1976. It is projected to go to 10 per cent by the end of the century. Another interesting statistic is that the population will grow by only 89 per cent. These statistics dramatically underline the advances being made in medical research, nutrition and social welfare.

The question which we have to ask is what will these additional years bring to the individual senior? When, for example, the average age was 40 years and medical science reduced child mortality and mortality throughout the entire life span there could be little argument about the value of these accomplishments. To die at age 50 of pneumonia or at 21 from an inflamed appendix was a tragedy and the prolongation of life for such individuals into their sixties and seventies was a contribution of immense value to society, to their families and to the individuals. However, the prolongation of life beyond age 70, 80 and 90 is beset with a different set of problems, both physical and mental. I think we have to understand that and develop research and educational programs with that salient fact in mind.

For some of our aged these additional years may be productive and a source of much happiness and satisfaction. Their quality of life has been personally satisfactory and their physical and mental health remains reasonably good, so the additional years are a plus, an added bonus. For others the added years may result in pain and suffering with friends and family praying for death as a welcome release. Between these two extremes there would be many variations and gradations of both the positive and negative picture I have painted.

I do not think we can treat this subject in a useful and constructive way without asking the central question, what constitutes an acceptable and desirable quality of life for an individual. And if we are able to answer that question then we have to be sure that we are making a comparable advance in respect to improving the quality of life which they will have. Personally I have no desire to be kept alive to be some sort of guinea pig to provide interesting calculations for the actuaries and statisticians and serve the scientific curiosity of medical researchers. I would suggest that represents the thinking of most older folk who have considered these issues. I make this comment with full appreciation of the fact that an increasing number of aged folk live to be 90 and 100 years of age with almost full possession of their physical and mental capacities.

We have to face the question from the time we are old enough to think and reason – what constitutes a good quality of life, a desirable life style if I may call it that. I don't want to sound dramatic but most of us from a very early age until death ask the question, does my life have meaning? What must I do so that it will have meaning for me? Will it have meaning when I am old if all I have left to live for is to wait patiently for death?

One of the ways life has meaning is through my relationships with others, my wife, my children, my family and my friends, in fact that aspect of life for most of us, young and old, is central. Surveys done with the aged indicate that loneliness brought about by a withering away of relationships may be an urgent and constant problem. I am well aware that generalizations are dangerous because they result in stereotyping and aging and the aged are no different from any other group of people whether young or middle aged. There are great individual differences. There is, however, one central theme that runs through life from birth to death and which, I would think, justifies our reason for being.

We are born dependent. In fact the human animal has a longer period of dependency than any other. The first eighteen to twenty-five years of life are a struggle to achieve independence, to become our own person freed from the ties that bind us to our parents and family and strong enough to make our own way as individual persons. That is what adolescence is all about.

But even when we achieve what we think is independence we face a contradiction because all humans are interdependent and we are living in a world in which it is becoming more difficult daily to be free and independent of those around us. Our life is lived out on a stage of relationships with others and to that degree we are never free from being somewhat dependent on others, nor would we want to be. In a sense then, there is always a healthy tension between my being an independent person and at the same time a person very much needing relations with others which may place me in a dependency relationship.

But then as the years pass we reach a time when in actual fact our dependence on others increases, and it is as if the cycle which we went through from birth through adolescence to adulthood is reversed. The onset of this dependence is generally not dramatic. In fact it sneaks up on us and we find ourselves being advised and directed by or at least listening to suggestions from our children who, only a few years previously had to listen to our words of wisdom. But just as the adolescent struggled to achieve independence of thought and action so too the aged want to hang on to their freedom of thought and action as long as possible. Home Care and the many supports that are required for Home Care as contrasted with institutional care is a way of maintaining that freedom of living and independence as long as possible and that is an important justification and argument for Home Care support programs. I am fully aware that in some societies seniors and older folk tend to be venerated and looked up to much more than here in North America but while wisdom, if it is present may be venerated, the fact remains that eventually the years take their toll and unless we die quickly or suddenly we become increasingly dependent on some person or persons whether family or friends or the agencies of government.

Any way I may choose to view old age then, the quality of life that I would most desire would be to retain as much of my independence as long as possible. Or phrased another way, there comes a point as we prolong the life span, without at the same time prolonging independence, that the quality of life is so diminished that we long for an end to it all, assuming of course we have not lost our powers of conscious reasoning.

My plea then is that as we advance in scientific research which prolongs life we must attend to those needs which we humans must have satisfied if life is to be worth living.

Victor Marshall in the book, *Aging in Canada*, states that "one of the greatest lacks in Canadian Research on Aging is in the general area of Political Science". Kenneth Kernaghan of the Department of Politics and School of Administrative Studies, Brock University, concludes that aging policy is, and will likely continue to be, determined in very large measure by politicians and bureaucrats at all levels of Canadian government, and he makes this trenchant observation:

> There is a pressing need to promote communication and cooperation in the study of aging among researchers and teachers of different academic disciplines; there is an equally urgent need to stimulate similar interaction between academics on the one hand and policy makers and program administrators on the other. Thus, it is essential

> to know what potential contributions each discipline can make to the advance of gerontology in Canada and the relevance of these contributions for practitioners in the field of aging.

May I turn now to five major issues confronting those of us interested in aging and the aged. I have selected these because I believe they are key issues with political and administrative implications. I would hope that research and education would have something to say and contribute far into the remainder of the Twentieth Century with these challenging questions before us.

1. What can we do in Canada to reduce the confusion, overlapping, duplication and even competition which exists among three levels of government and innumerable national and community based agencies all committed to providing services and programs for helping the aged?

2. What should the role of government be? More especially, what have we a right to expect from government, the community and from our own personal efforts?

3. There is mounting evidence that more and more we are viewing aging as a distinctly separate process and entity and the aged as a distinctly segregated group. Is this tendency wise and sound and is there a possibility that the segregation we seem to be aiding and abetting will later turn out to be an unwise and unsound social policy?

4. I have referred to the quality of life and what makes life worth living, and I emphasized relationships. There is another side to that coin and it is "involvement". As life is prolonged through the contributions of science what can we do to prolong "involvement" and the development of second careers for seniors and retired persons.

5. Finally, what emphasis are our Universities placing on the current issues related to aging and the aged?

The first issue referred to and the one I believe should have the highest priority relates to coordination. Human Service delivery systems in North America have become unbelievably complicated, duplicative, competitive and indeed wasteful in terms of human and material resources. I am using the phrase Human Services to include social welfare, health services, education, recreation services, housing programs and the income support systems developed by all three levels of government in Canada and the United States.

Writing in 1980 under the heading *Human Services and Provincial Governments*, I described the social service delivery system thus:

> No area of human endeavor in Canada is in a greater state of administrative confusion than the social services. This lack of coordination, unity and logic exists at all levels – federal, provincial, local and in the voluntary field. A bewildered client has little hope of cutting through the welfare tangle of competing and overlapping programs without expert assistance. More and more the client must rely on the good intentions of the public authority or on some helpful friend to understand what benefits are available from the state or from the community.
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> At the federal level we have a number of programs administered

> through the Department of National Health and Welfare, another group through Manpower and Immigration, still others through the Secretary of State and yet others through Veterans Affairs. During the past decade the Department of the Solicitor General has become involved in discussions with the provinces in the development of young offenders' legislation. Each department is fiercely protective of its prerogatives and there is very limited communication between these departments when programs are being formulated nor is there coordination in respect to their administration. Each department goes its own separate way and occasionally competition is the inevitable result.
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> The situation may be a little better at the provincial level but not much.
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> . . . .
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> The voluntary field is a disaster area insofar as coordination or cooperation is concerned. Canadians, like our American counterparts, have with few exceptions, repeatedly opted in the favour of a highly competitive, free enterprise economy. In the economic sphere this has been coloured by the growing willingness of many of these private bodies to look for and accept government subsidy and support, while at the same time loudly proclaiming their need for freedom from any kind of government monitoring and their pristine purity as voluntary citizens groups.
>
> . . . .
>
> Attempts at coordination through United Appeal bodies, local councils and other similar devices have at best had a limited degree of success.

I was attempting in the above comments to describe the social service delivery system. The field of aging, insofar as it has become specialized, involves very much the same multiplicity of services delivered by a multiplicity of agencies and departments of government. Social Services, Health, Recreation, Education and Housing are all involved, each with a competing bureaucracy and all the problems that beset the delivery of social welfare services apply in the field of aging. We have inherited a service delivery system which makes it difficult to get the maximum value from the human and material resources we are putting into it. Our power and clout in respect to getting additional needed services are thus rendered less effective than they might otherwise be.

Here is a challenge for the experts in political science and public administration. Here is a fruitful field of fact finding and research. Here also there is a great need for education.

The Secretariat which I represent is a small body with a staff of three. We have been in operation for two years and the central overriding issue which confronts us daily is the public confusion and inability to understand and work through the bureaucratic maze of competing public and private programs, in this case those aimed at helping seniors.

The second issue relates to the role of government. I pose this question in its generic sense. In a dynamic, healthy society what has the individual a right to expect from government and from the community? What should be expected from his own personal efforts and contribution? We face this issue in pensions for example, should government provide a minimum acceptable standard of living in the form of a pension for all who are retired or who are out of the formal economy and work force regardless of their personal contribution? Should the state be expected to do this through taxation and state directed programs? What is the experience elsewhere? Does it give us any direction or tell us anything useful? What should be the role of the private sector? Should we expect that all Canadians can achieve a minimum acceptable standard of living for all our aged folk now and in the foreseeable future, and at the same time satisfy our other expectations in education, health services, to mention a few of the obvious needs. Is this a desirable objective?

The questions regarding the role of government, the private sector and the individual are not being answered satisfactorily! Everywhere I turn for answers I am greeted with more heat than light, more emotion than intellect. Our social policy position is dictated far too often by some tried and discarded American trend, some labour union position, the conventional wisdom of yesterday or the knee jerk response of a T.V. journalist who is chasing after the latest situation. Far too often we can forecast the social policy position of the writer or speaker before he speaks on these issues. Victor Marshall was surely right when he stated "one of the greatest lacks in Canadian Research on Aging is in the general area of Political Science."

As human beings most of us find it difficult to view life as a whole. We think in compartments such as childhood, youth, middle age and old age. We separate the physical and mental aspects of the individual when in fact they are inseparable. We perpetuate dualities when we glorify love and teach that hate is a no–no, when in fact the two are opposite sides of the same coin. Educationally we classify intelligence so that we talk glibly of the brilliant and the retarded when in fact the brilliant may have aspects of retardation and the retarded special gifts which make for brilliance. We are prone to view human capacities and abilities by putting labels on whatever it is we are considering when in fact the human personality defies our labelling process.

So it is with aging. I will readily agree that the aged acting together as a separate group can make great gains in respect to pensions, health services, to mention the obvious. I will readily admit that in research and social policy it will be advantageous to view the aged as a group. The point I wish to make is that we can carry this segregation too far with the result that the stage may be set for other groups in society to view the aged increasingly as being unique or different and this is a divisive and eventually may turn out to be a destructive force. The best way for youth to learn of birth, death and old age is to experience it in the daily environment of living. The best way for a six year old child to feel what old age is like is to hold the wrinkled and gnarled hands of the eighty year old grandparent. The best social program yet devised in Nova Scotia was arranged in Dartmouth last year when one hundred seventy-five junior and senior high school students undertook to shovel snow, do errands and sundry other things for seniors in that city. The education from that intergenerational exercise will do more to change attitudes in youth and seniors and at the same time provide a much needed community service than any amount of educational effort or government expenditure on seniors.

My plea then is simple. Let us not carry segregation and compartmentalization of the aged too far because if we do it will become counterproductive and detrimental not only to seniors but to youth who will be robbed of experiences vital to their growth as human beings.

My fourth point related to "involvement". I have maintained for a very long time that the most serious problem facing youth in Canadian society is the lack of challenge and opportunity and the prolongation of an unhealthy dependency long past the time when youth needs and demands strenuous physical and mental involvement. We are repeating the same error with our aged folk when we insist on early retirement and stupidly waste lifetimes of skills, experience and wisdom in our aged folk.

The tragedy inherent in this waste at both ends of the life cycle is that we very much need the services and skills which seniors could provide and life would thereby be richer and fuller for all of us.

Jefferson Lewis, in a biography of his grandfather, Dr. Wilder Penfield, refers to Penfield's views on this subject.

> All this was the launching pad for Wilder's own vehemently different views on the subject: "Let me describe to you the evolution of a little-recognized disease. It is a psychological malady which we might name pseudo-senility or false senility.
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> "A worthy citizen employed in business, for example, or in industry or education or government, reaches his time of statutory retirement. Some colleague, who happens to have a larger bank account of unspent years, comes to him and gives him a gold watch and tells him to take a well-earned rest. That man, who yesterday was busy and capable of contributing something that was of value, now stays home. He mows the lawn and carries out the garbage for his wife while he thinks about his future. When he is well-behaved she lets him wash the dishes. He notices that his recent memory is not as good as it was when he was younger, although distant memory is good enough. He doesn't know that this is caused by the fact that the hippocampal gyrus in the temporal lobe of each side of the brain often suffers interference in its circulation, while the rest of the brain is as good as ever for many years to come.
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> "Perhaps then," Wilder went on, "some friend who is well-meaning but devoid of a sense of humour comes to comfort him. 'Enjoy yourself,' he says; 'that is all there remains for you to do. Just have a good time.' Then, in a little while, people begin to say, behind his back of course, 'He is going to pieces, poor fellow.' And so he is, fast.
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> "The whole trouble," Wilder concluded, "was that what he needed when he was given the gold watch was a new job, a difficult job – not a rest. Beyond the normal rhythm of work and sleep, rest was not what he needed. Rest, with nothing else, results in rust. It corrodes the mechanisms of the brain. The rhubarb that no one picks goes to seed.
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> Citing the examples of soldiers-turned-statesmen like Eisenhower and De Gaulle, of Verdi composing his greatest operas between seventy-four and eighty, and Michelangelo painting the Last Judgement at sixty, Wilder ended with the example of Winston Churchill who, when he reached seventy-nine was too busy with his second career to go to Stockholm to accept the Nobel Prize for work in the field of his second career as a writer. "His wife had to pick up the Prize for him as though it were a notice from the post office!"
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> "To most men," Wilder concluded, "there should come a time for shifting harness, for lightening the load one way and adjusting it for greater effort in another. This is the time for the second career, time for the old dog to perform new tricks. The new career may bring in little or no money; it may be concerned only with good works. It may, on the other hand, bring in support that is much needed. It can be a delight to a man, who comes at last to a well-earned job instead of a well-earned rest. It can be, too, what society needs most from him.

> "The problem to set before the wise men of today is simply this: How can each individual be given the chance to work? Sometimes the race is not to the swift nor the battle to the strong. It may be that the last work of the old man's hands will serve society best – and him as well."
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> This speech hit a nerve. A reporter from The Canadian Press news service wrote a story about it that was picked up across Canada and the U.S. In the next few years Wilder was invited to give the same speech half a dozen more times. The reprints were in great demand, and it became the title of his first published collection of addresses in 1963.

Writing along the same lines Daphne Rutherford makes this stirring comment.

> Youth itself is far more an attitude of mind than a time of life. It's enthusiasm, joy, imagination, courage. It's a spirit of adventure, a determination to live life to the hilt.
>
> Throughout history, it has been proven, time and time again, that mental, artistic and intellectual powers are intensified with the years.
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> At eighty-nine years of age, Michelangelo was still producing masterpieces. When they were well past seventy, Handel was still composing beautiful music and Longfellow was still writing immortal poetry.
>
> Winston Churchill led Britain and the Free World in the Second World War when he was past "retirement age". He probably regarded the 65-year-old deadline as a German conspiracy since it had been established by Chancellor Bismarck in the first place.
>
> Coco Chanel continued to be a force to be reckoned with in the fashion world when she was in her eighties; Pablo Picasso still produced remarkable art when he was ninety; and there are countless examples of celebrated "seniors" in the field of classical music – Eugene Ormandy, Aaron Copeland, Horowitz and Rubenstein.
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> One celebrated Ontario "senior" renowned for his youthful attitude to life was Sir William Mulock, Chief Justice of the Province who died in 1944, aged 100.
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> A very distinguished group of people of various ages, were invited to celebrate his 95th birthday, and many of the guests came away from the celebration inspired to take a whole new look at their own lives in the light of his philosophy of life which he had shared with them. He words are as beautiful and as valid today as they were then.
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> "I am still at work," he said, "with my hand to the plough, and my face to the future. The shadows of evening lengthen about me, but morning is in my heart... The Testimony I bear is this: that the Castle of Enchantment is not yet behind me. It is before me still, and daily I

> catch glimpses of its battlements and towers. The rich spoils of my memory are mine. Mine too, are the precious things of today – books, flowers, pictures, nature and sport... The best thing of all is friends."
>
> "Warm both hands before the fire of life," he urged. "Live fully and happily. Make good friends and cherish good memories. Scorn the passage of time."

I agree with Dr. Penfield's observations. There comes a time in life for some of us – perhaps not all – when we should be provided with the opportunity to become involved in a second career. The prolongation of life will have limited meaning for many seniors if all that it entails is to lengthen the amount of time available to look out the window or tell our friends about our latest aches and pains.

My last question relates to the role the Universities are playing in the field of gerontology and gerontological research. I would hope that I need not dwell over much on this theme with this audience and if I did I would be preaching to the converted.

As we advance on this front we should do so in concert with governments at all levels and in step with the needs of the community the University serves. The Schools of Social Work have tended to lose touch with reality by retreating into academic ivory towers and the danger of this happening is just as great in the field of aging.

Panelist's Response: Blossom Wigdor

Dr. Busse's erudite and very thought-provoking paper illustrates the complexity of the problem with which we are faced if we are to examine the issues of research and education in the field of aging. By the title of this panel, that is, linking research and education, we have focussed on post-secondary university-based activities. I tend to be preoccupied with concerns at that level.

However, I would like to introduce some other ideas under the heading of education which we might consider, since they seem very relevant. To paraphrase Clark Tibbitts (1980) some of the elements of education would be:

1. to provide the general public with better information about aging, that is, through media and newspapers;
2. to provide knowledge about lifelong developmental processes and transitions to young people as part of their general education preparatory for successful living, and that would mean introducing aging as a normal part of the lifespan in primary and secondary schools, as well as in terms of their life experience in families and groups;
3. to make available to adults who have reached or passed mid-life and who are experiencing changes in their circumstances, knowledge and skills that will condition their behaviour and could enhance satisfaction during ensuing stages of the cycle of life, so that we are in fact talking about the education of the elderly themselves and attempts to modify behaviour so as to create a better life style that would be more conducive to successful aging;
4. we are speaking about the necessity to develop a better knowledge base of the process of aging itself and of the aged and the facts that contribute to the way we age in our society, and to transfer that information to the training of professionals who will deliver services, do further education or advise on policy. There is another element and that is the role of the older adult as educator, either in formal or informal systems.

Another problem is definition of gerontology itself as to whether this is a *discipline* (a body of knowledge) or a *profession*. I feel that gerontologists may well be most effectively located within their own disciplines and interact where appropriation the basis of problem-oriented issues. One must, nevertheless, facilitate linkages between the relevant disciplines and professions to generate better knowledge and skills. And many such as Maddox (1980) and Johnson (1980) have tended to foster this orientation in pursuing programs that are based on developing first, specific skills and knowledge within a discipline and adding specialization in aging to that primary focus.

In terms of university level education, education and research are interdependent and cannot easily be separated. We are all aware of the importance of the interdisciplinary or multidisciplinary links in the field of gerontology in terms of better understanding and knowledge of the process of aging. Beattie (1974) has stated our position as the need for disciplinary depth, multidisciplinary breadth and interdisciplinary linkage.

It is critical that we develop centres to foster the development of these linkages in both education and research. In Canada the need for services has tended to precede both the development of an adequate knowledge base and the preparation of personnel from delivering such services. There has been a suspiciousness between service providers and researchers. Nevertheless, I feel that this has to be overcome in terms of developing service providers and helping them implement the findings from research with the knowledge base that is available.

The struggle as to where one places training programs or education and research is evident in the differences of opinion about degree or non-degree programs. As most of you know, my own bias has been towards specialization and degrees within disciplines and faculties and not to give degrees in gerontology per se. This, of course, brings us to the question as to whether there is a profession of gerontology and I think this is something we may debate in the days to come.

There is a great need for new knowledge and research. The explosion of information is great but there are methodological issues to be resolved and rigorous standards of research to be adhered to. There seems to be generally little training in professional schools in the methodology of applied research. The question of evaluation and appraisal studies is still a very critical one with a great deal of resistance obviously demonstrated by individuals who have vested interests or territorial claims in specific areas. Reading research critically is part of an educational process which must be emphasized.

In Canada training for service or education in the process of aging has been slow in developing. Furthermore, research in aging has not been funded in any consistent way until fairly recently. The only exception to this is probably the Social Sciences and Humanities Research Council of Canada (SSHRCC) Strategic Grant Program in Population Aging with its establishment most recently of new centres for aging research. These, naturally, tend to be in the social science field and the health sciences have yet to have any consistent or specified funding source. For example, in Canada one of our great needs is to develop scientists in the biology of aging, as well as in social gerontology or psychology of aging. The usual granting councils tend to fund on the basis of discipline and aging by its very nature frequently falls between the cracks.

Another issue is the division of the biological and social sciences. It is difficult to make progress in better understanding and delivering services to the aged or in terms of aging, if we continue to have the deep split between these two sectors. At the University of Toronto we have a strong unit in behavioural science interested in the social and psychological aspects of health and of the elderly. We need more such thrusts. At a recent conference examining health science education for the 80's and 90's it was dramatic to see the evidence which indicated that we have in fact been very effective in dealing with acute and infectious disease but ineffective in prevention of most chronic degenerative diseases or in the lifestyle aspects leading to trauma. So that we are in fact now having to look at the relationship between training, for example, in geriatrics and a better understanding of the impact of the social and psychological as well as physical environment on degenerative disease.

The issue of relating two types of disciplines, the biological and social sciences, is very difficult and new methods should be sought. It is quite evident that the disciplines speak different languages and, although many of the real advances will come within the disciplines, bridging the gap is certainly an issue we cannot overlook. We have had modest success with multidisciplinary research seminars for faculty and graduate students and this is something worth pursuing.

Furthermore, the differentiation between basic and applied research has been addressed time and again and I can only say that this to me is not a real issue since it cannot be an either/or situation. I feel, though, there is a real need to help service professionals, that is individuals who are trained in service delivery, to a better understanding of research and being capable of doing or helping formulate applied research plans in a knowledgeable way. We all know that how one asks the questions is extremely important in shaping research and a good knowledge of what is happening in the field would lead to better focussed applied research.

In addition I might say that we have not undertaken a realistic evaluation of our manpower needs in the field of aging and that has important implications for both the research and the training. There is a need for centres which will be able to carry out such surveys in an adequate fashion as well as maintain structure for longitudinal studies to take place, (e.g. Duke University OARS or Baltimore longitudinal study). There is a need to attract resource people but without some continuity in structure this is difficult as is long-term research and building adequate research teams and programs.

I cannot help being basically optimistic that we will develop centres of excellence which will give us an adequate knowledge base and that will develop training programs so that individuals can be intelligent and knowledgeable users of that information as well as seeking to increase our knowledge base by both basic and applied research. On the other hand, I must say that I have some concerns about the entrepreneurial aspects to separate needs and wants in the adult human since, with development and maturation, many wants become needs. We must introduce into evaluation studies indicators of well-being and not just cost effectiveness. Indeed the two are not mutually exclusive.

In summary,

1. Canadian science policy should devote more resources to both basic and applied research and provide the structures (and funding) for more research in aging;
2. policy to facilitate the development of centres for educating researchers, educators and practitioners, particularly in the health and social services;
3. development of priorities and rationalization of resources;
4. better coordination, collaboration mechanisms;
5. funding sources which would facilitate longitudinal multidisciplinary studies.

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Summary of Discussion Groups

A. Research

Both discussion groups spent considerable time on the subject of research, stressing its importance and making a number of specific recommendations.

General concerns were raised about sources of funding for research, initiation of research (for example, who takes responsibility for program-related research in institutions – staff or boards), communication of research findings to practitioners, and research priorities and how to determine them. In addition, some questions were asked; are there people with the expertise to do the research needed? How do we attract first class researchers? How do we train researchers?

The first group recommended: 1) the encouragement of basic research on aging with more funding provided by government for all types of research; 2) the development of ways to improve the dissemination of research findings to practitioners (making research findings more accessible); 3) building into government funding of new programs a requirement for evaluations; and 4) the promotion of the concept of "brokers" (persons to translate policy and program needs to researchers and research findings to policy makers and service providers).

The second group felt that Alberta lacks the essential breadth and depth of the well-trained researcher expertise which is required for the planning and performance of research on the problems of aging, and that the Government of the Province of Alberta must address this by the development and adoption of supportive policy and funding for the development of this expertise.

Areas of research of concern to the workshop group included the biology, the behavioural, the environmental and the epidemiological aspects of aging.

The development of research in Alberta will require funding for the training of researchers by the provision of studentships and fellowships. These should be designed to create a critical mass of Alberta-based expertise for the training of future researchers and the performance of research.

To provide a focus and location for more biological research, the Government should look favorably on the proposal that an Institute of Gerontology be established. The primary purpose of the Institute should be the encouragement, the facilitation and the performance of research into the behavioral and epidemiological problems of aging.

The Institute and other agencies should encourage the interest of basic and clinical scientists in the pursuit of studies into the biology of aging, its behavioral, physiological, pharmacological and nutritional aspects, calling upon available sources of biomedical research funding (such as the Alberta Heritage Foundation for Medical Research).

The Institute will require full affiliation with the universities of Alberta for the purpose of assuring high quality recruitment of staff and their continued intellectual vigour.

The Institute must be granted funds for the performance of intramural and support of extramural research into the behavioral aspects of aging.

The Institute must have the leadership of an experienced productive scientist able to offer encouragement and advice in behavioral and health care delivery research.

The Institute must accept the responsibility of encouraging multidisciplinary and interdisciplinary seminars and studies.

C Summary

The Institute must be provided a 5 year program of funding. External impartial review of the productivity of the Institute should be carried out and further funding based on that review. The Institute should seek 50% of funding from sources other than the Government of the Province of Alberta.

Early major tasks of the Institute should include the following:

- a study of the current state of knowledge and research methodology
- conduct a study to determine the needs of Albertans confronted by the problem of aging.

The Institute should contribute to the development of programs and facilities, responding to identified needs in collaboration with other free standing agencies.

The Institute should conduct careful and systematic studies into the appropriateness, the efficacy and cost of benefits of the various existing models and levels of care.

The Institute should be prepared to act as a resource and information centre for other researchers.

The Government should take steps to reduce public frustration by streamlining its communication channels, eliminating repeated citizen assessments. Steps should be taken to ensure the primacy of programs over departmental interests and the overlapping interests and territorial imperatives of various layers of government.

The first group suggested research areas:

- Factors which increase the quality of life for seniors.
- Proper nutritional habits for the elderly.
- Necessary versus unnecessary surgery for the elderly and analysis of potential negative side effects of surgery.
- Phases of adult development.
- Cell development in the brain.
- Changes in motivation and learning across the life span.
- Interface of different levels of care for seniors.
- De-institutionalization and the provision of appropriate community support systems.
- Compiling and updating an inventory of private and public funding groups and research groups.
- Advantages and disadvantages in terms of planning services, of treating the elderly as a segregated group.
- Physiology of fitness and the aging process.
- Factors leading to successful coping skills of the elderly.
- Identification of seniors "at-risk" and the extent to which they should be allowed to place themselves in a position of risk.
- Focus on the well elderly in the community and their successful coping skills.
- Impact of healthy family relationships on the emotional and physical health status of the elderly.
- Extent of agism and its manifestations.
- Fears of the elderly, e.g. fears of institutionalization, de-institutionalization, muggings and other crimes, etc.
- Effects of institutionalization on the elderly.
- Creation of new support systems by the elderly following loss of significant others.
- Isolation among the elderly.
- Impact of the loss of significant roles (e.g. occupational roles) on the self-image and health status of the elderly.

- Ethnicity and aging.
- Impact of television on seniors.
- Identification of elderly who are not presently accessing services but may require services. Is there such a group, if so, how large is it and what kind of services are required?
- Evaluation of the effectiveness of different methods for identifying the isolated elderly.
- The appropriate match of skills and functions for all levels of staff working with the elderly.
- Volunteerism among the elderly.

B. Education

Both discussion groups emphasized a need in Alberta for knowledgeable persons trained in the area of gerontology at all levels (i.e. professionals and non-professionals).

The training of manpower in this area should include instruction on how to relate to seniors in a way that maintains their dignity and how to recognize the different learning patterns of the elderly. A discussion took place as to the responsibility of the individual versus the institution for continuing education.

One group identified a need to provide an interdisciplinary approach to education and training and to promote a "cross-fertilization of disciplines" in both educational environments and in caring for the elderly. The participants felt that practitioners and planners should be encouraged to read more journals in the area of gerontology. A need was also identified to "defog" much of the literature in this area.

It was suggested that since there is no focus for gerontological education in Alberta, as an interim measure, candidates would be sent to established centres elsewhere. On their return these "experts" would become the core of educators and researchers in the field.

It was recommended that training and education opportunities in gerontology for educators and service providers (i.e. nurses, doctors, nurses aides) be increased. Training and education should include appropriate information, technical skills, management skills (role modeling and supervisory skills) and organizational skills (knowledge of how to change the work environment), attitudes and behaviour to successfully work with and provide for the needs of the elderly.

One group suggested, specifically, that

a. fellowships be made available for key personnel in the fields of nursing, rehabilitation medicine, pastoral care, recreation, social work and other social science areas;
b. physicians be encouraged to take advantage of education and research fellowships already available;
c. gerontology be included in all health science curricula;
d. a model training centre, such as the Youville Hospital, be set up; and affiliation with other University faculties, similar to the arrangement with the Faculty of Medicine to provide a teaching and research base. This would provide role models for students as well as an opportunity for multi-disciplinary studies;
e. faculty of Rehabilitation of Medicine at the University of Alberta be funded to allow for an increase in quotas to train therapists in order to alleviate shortages in long term facilities and Home Care, especially in the rural areas;
f. continuing education programs for professional service personnel be expanded, particularly those that involve distance learning, and incentives be provided to community based and institutional staff working with the elderly to pursue continuing education courses by providing rewards (e.g. promotions, pay increases) and

opportunities to use skills and knowledge acquired through continuing education;

g. more subsidized educational programs in geriatric/gerontological nursing for non-professional (e.g. nurses aides) and professional (e.g. registered nurses, social workers) staff employed in institutional settings (e.g. Nursing Homes and auxiliary hospitals) be provided;

h. Since nursing aides working in both nursing homes and hospitals provide a great portion of care, orientation and in-service courses be set up in all of these institutions. These courses could be developed by the Department of Hospitals and Medical Care in conjunction with Alberta Vocational Centres and nursing homes that already have this training. These courses could be given where the aides work.

i. Outreach Workers be recognized as a specific program in Alberta and policies and general guidelines established.

Education of the general public about aging (a comprehensive program including all ages and phases of life) was also seen as important by both discussion groups as a way of changing attitudes about aging. It was recommended that gerontology be introduced in school programs and that seniors be used to provide this educational experience. Some suggestions were: "Adopt a Grandparent" program; using seniors in a "Heritage" program; using school children in volunteer work with seniors.

Further recommended was extensive education of adults of pre-retirement age to improve their lifestyles in preparation for retirement.

The need for lifelong learning for life-long improvement of the quality of life was stressed; such learning could incorporate health education, nutritional education and education for leisure and could extend from youth to old age.

One group also felt there is a need to educate politicians, government bureaucrats and the public on the importance of life-long learning as a mechanism for maintaining a healthy body and healthy mind and a need to ensure continued support by government and educational institutions for life-long learning courses and programs.

The need for educational opportunities for older persons was discussed, and it was emphasized that learning among the elderly can take place in a variety of ways and settings. A number of recommendations were made:

- ensure that educators have the appropriate knowledge, skills and attitudes to effectively teach the elderly. It was noted that the factors motivating the elderly to learn may be quite different than those motivating younger persons;
- encourage life-long learning among the age cohorts nearing elderly status by either reducing tuition or offering scholarships to this age group;
- provide a variety of learning opportunities for the elderly;
- consider providing "self-help/self concept building" courses to seniors in nursing homes and other long term care centres.

There was general agreeement that a variety of courses are both available and accessible to the elderly. However, the question was raised as to whether all those elderly who might benefit from such programs were taking adequate advantage of available educational opportunities. The question was also raised as to whether lifelong learning programs were available and readily accessible in rural areas.

Some examples of how new technology could be used to facilitate learning among the elderly (e.g. talking books, visual aids) were discussed.

It was noted that the needs of the elderly will change over time as new cohorts enter this segment of the population.

In addition, one discussion group recommended the encouragement of increased involvement of seniors in the planning of programs and services for seniors.

As a follow-up to the Symposium, one group recommended that the planning committee take the following steps:

a. Organize the recommendations from the Symposium into an appropriate format with the necessary backup information to facilitate their review by the government.
b. Prepare and widely distribute the proceedings of the Symposium.
c. Arrange a meeting with the Minister of Social Services and Community Health to discuss the recommendations from the Symposium and to gain his support for their implementation.
d. Provide the conference participants with a written progress report at three-month intervals on the status of the conference recommendations and progress of implementation.

D. ADVOCACY AND SELF-DETERMINATION

Keynote Speech: Grant Davy

When I was invited to prepare this paper for the Symposium on Aging, I accepted with few trepidations. Three months later, after a hurried review of a mere handful of the many studies on aging, the trepidations had increased. My academic career in political science, despite a major emphasis on international politics and Canadian foreign policy, gave me some competence to comment on political systems and processes, but my ignorance about what those processes might accomplish for deprived older people created a dilemma. Processes and objectives, or means and ends, are functionally interdependent – one does not use a pocket knife to fell a Douglas fir. Some relief was provided by the knowledge that the five other papers, by distinguished specialists, would be emphasizing objectives. Nevertheless, some generalizations about objectives are essential to an understanding of the particular processes mentioned in this paper. They are those of a concerned layman – impressionistic and rather arbitrary – but it is hoped that they will contribute to a good discussion at the Symposium.

The paper is divided into three major sections. The Background confronts some terminological problems, reveals the prejudices of the author through the vehicle of exploring stereotypes, myths and exaggerations, and concludes with a brief assessment of the major deprivations experienced by older people – using Alberta as an example. The second section, Political Systems and Political Participation, reviews major aspects of the Canadian and Alberta systems which condition political participation, provides some general evidence about political participation, and then comments more specifically upon the political participation of older people. The major section, Advocacy and Self-Determination, explores the relationship between advocacy as a process and self-determination as a condition or goal – and concludes with some suggestions about how advocacy might be improved and greater self-determination achieved for individuals and groups in both the public and private sectors.

There has been criticism about scientific studies of older people being undertaken by those with an advocacy posture or role. While this paper is in no sense scientific, the injunctions of the critics are heeded. Indeed, much of what follows is based upon an effort to maintain a balance between a personal commitment to the advocacy of a better life for deprived older people – indeed, for all deprived people – and admonitions about some of the excesses which pervade the advocacy literature. The personal commitment is rooted in the depression years and their aftermath and upon a profound belief that the primary responsibility of any political society professing to a belief in freedom is to provide relief for its dispossessed.

The admonitions are based upon three underlying theses to be developed in the Background section. The first is that the use of "chronological aging" as a basis for *identifying* human deprivations, regardless of age, is self-defeating; the second is that to use it as a basis for *understanding* the existence and incidence of deprivation is scientifically questionable; the third is that to use it as a basis for *minimizing* human deprivation and *maximizing* human development might well give substance to the arguments of those nineteenth-century conservatives who would almost restore "non-productive" older people to the status of indigents.

Lengthy direct quotations, arrays of figures, academic jargon and multiple citations will be kept to a minimum. Textual source references will be used when essential, footnotes will be reserved for infrequent clarifying interjections and the major sources are listed at the end of the paper.

B. Background

1. The Use of Terms

Ordinary words used to label simple quantitative categories very quickly become sort of shorthand expressions to convey qualitative judgements about the individuals encompassed by the category. As some sort of consensus emerges among the experts, these words become "terms" conveying complex sets of messages far beyond their original meaning. Resort to jargon – "the technical or secret vocabulary of a science" – often tends to compound rather than to simplify the problem. When use of these terms reaches the point of discounting or eliminating individual differences, then "stereotyping" takes over. It appears to be abused in the literature on aging, especially the semi-popular type, as much by those favourably disposed towards older people as by their detractors.

The term "older people" has been selected as an alternative to all of its more frequently used synonyms because it is more general in what it encompasses and more gentle in what it conveys. It is consistent with the underlying theses of this paper, it conveys a process of continuous development and it can, with some qualifications, be used objectively and subjectively – by the observer who might use a set of commonly accepted characteristics as evidence of processes and by the older person to express the sense of "feeling" older.

A person might feel older without any accompanying sense of being deprived, or the same person might be described as being older in the absence of any objective indicators of deprivation. No evidence need be presented here for the observation that a large minority of older people in Alberta are in the fortunate position of suffering no deprivation at all. To distinguish those who do, however, based upon such categories as disposable income, health, housing, mental and emotional well-being, the general term will be qualified by speaking of "deprived older people". Many older people who suffer one or more deprivations are in the age groups below 65 – but, unfortunately, much of the accurate information revealing degrees of deprivation applies only to those 65 and over. So a further qualification, such as "of pensionable age", may have to be inserted for clarification.

"Advocacy" will refer to all activities and processes, by or on behalf of older people, intended to influence favourably the making, changing, and implementing of public policies relating to their needs – at all levels of government. The older people can be their own advocates, they can hire or enlist the voluntary efforts of professional "lobbyists" to act as their advocates, and they can solicit or welcome the support of any other groups and of individuals. "Self-determination" is a condition or goal as well as being a process. By virtue of playing a leading role in the advocacy process, older people will be expressing group self-determination – whether or not they use others as advocates. And by participating directly in the group's activities, the older person is also exercising individual self-determination – a sort of basic human need in the emotional and spiritual sense. Similarly, the deprived older lady in a nursing home who protests violations of her dignity is demonstrating self-determination – she wants to be treated as a human being, as a citizen and as a client. Finally, "do-it-themselves" projects, entirely or largely outside the public sector, will also be seen as forms of self-determination.

2. Stereotypes, Myths and Exaggerations

It is rare to find a general study on aging which does not decry, often at considerable length, the existence of a series of negative stereo-types of older people (e.g., Butler, 1975:1-21). Often there is no reliable and verifiable evidence about the existence of the practice, to say nothing of its extent. Negative stereotyping of any group of human beings is deplorable, but some judgement must be exercised when deciding how to counter it. To the uninitiated reader of the literature, an impression is created that the excessive and generalized debunking efforts might, quite unintentionally, give the negative stereotypes more publicity – but enough, debunking the debunkers might itself exacerbate the problem.

Without discounting the damaging effects of negative stereotyping, the myths and exaggerations more likely to be counter-productive to advocacy are those arising from chronological-aging. Books, articles, newspaper accounts, television interviews, newsletters issued by older people's groups – all from time to time use expressions designed to highlight the plight of *some* older people but which, because of exaggeration or a failure to be more precise, create the impression that *all* older people have the same problems. One hears, for example, about the "financial plight of senior citizens", the "inadequate housing for the elderly", the "chronic disabilities of older people". The same advocates who use these misleading generalizations are often concerned about the potential for inter-generational hostility generated by the increasing public expenditures for deprived older people – the young, or even middle-aged groups, coming to resent the "diversion" of their earnings into help for the "non-productive" older generations. It is refreshing and reassuring to find in *Alberta's Seniors* (September 1981:3), for example, that the "majority of older persons in Alberta are healthy and able to care for themselves – or to read "Its Not All Downhill" by Merrel Clark in a collection of articles many of which resort to excessive generalizing (Cross, Gross & Seidman, 1978:287-90).

The dangers of inter-generational hostility may not be as great as some suggest, but there are two other risk areas where exaggerations could be harmful. The first lies in the conflict of functions which exists between spending and money-watching departments or agencies of government. Sympathetic senior bureaucrats[2] in the national Department of Health and Welfare may find their recommendations on behalf of older people's services resisted by the Treasury Board or Department of Finance on the very ground that claims about deprivation are always exaggerated. Those who follow the policy-making processes carefully suggest that the more accurately requests from operating departments reflect real need, the less likely are Treasury Board cuts to prevail in Cabinet (Dawson in Pross, 1975:29-58). The same, of course, could be said about the provinces. The second risk area lies between extreme inter-generational hostility, which could result in demands for reductions in public spending on older people, and the first area just discussed above. While public attitudes might not extend to opposing increased expenditures, a general lack of support might have the same effect upon policy-makers. The Planning Committee of this Symposium suggest that "changes in supporting services and their delivery will have to be preceded by changes in public attitudes (Focus; 1)". If they are correct[3], then every effort should be made to ensure that the public is not misled by exaggerations.

A rather different type of adverse effect could also be generated by exaggeration of the scope of deprivations – not this time upon changes in public policies but upon older people themselves. Many older people who are not seriously deprived may, nevertheless, be in mental frames or physical surroundings which lend themselves to alienation and self-pity. In a sense, if they hear themselves described as deprived by their own advocates, they might feel ostracized by their own collaborators, to reverse a similar argument advanced by Butler (1975:14).

The final myth[4], "age-causation", is potentially the most damaging. Surely our major concern for all deprived beings, not just those in older age groups, ought to be to discover the basic causes of their various deprivations so that something more enduringly effective than our current band-aid solutions can be developed. So long as we continue to believe – or let our policies and actions imply that we believe – that the vast majority of deprivations which afflict older people are the result of reaching retirement age, then so long shall we keep alive the myth of age-causation.

This is not to deny, of course, the traumatic effect upon those large numbers of older people who find their disposable incomes reduced at retirement "People who are poor all their lives remain poor as they grow old. What we do not realize is that these poor are joined by multitudes of poor who become poor only after growing older (Butler, 1975:3)." Simone de Beauvoir, however, places more emphasis on the roots of deprivation in the earlier stages of life. She concludes her bitterly empathetic study, *The Coming of Age*, with a cry for an entire change in our way of life. The reason, she says, "that a retired man is rendered hopeless by the want of meaning in his present life is that the meaning of his existence has been stolen from him from the very beginning (1972:804-7". de Beauvoir's deprivation is much more than material povery – it arises from the very nature of our materialistic way of life. Her extreme solutions are perhaps too utopian – but there is a middle way.

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[2] The term "bureaucrat" is not used in a pejorative sense - it distinguishes policy-level civil servants from their juniors.

[3] Some students of the policy-making process, including this author, believe that the arrow of causation runs more in the opposite direction.

[4] The myth of older people's "political clout at the polls" is discussed below in the sub-section on Electoral Participation.

Today's older people must begin to see themselves as advocates for the elimination of the causes of deprivation, regardless of the age of the deprived. Rather than fearing the potential hostility of younger people, they should recognize and capitalize on the almost functional relationship between generations. Baum and Baum (1980: Chap. I) describe this process as "diachronic solidarity". Instead of perceiving older people as being abandoned by industrial society because they are no longer productive or as having, at the other extreme, earned the right to liberation from pre-occupation with productivity (in itself a form of isolation), there should be emphasis upon "a social identity shared intergenerationally *and* one that is handed on from generation to generation, thus connecting in bonds of loyalty and mutual obligation successive cohorts of parents and children (emphasis added)".

The new, co-operative program of action suggested by these remarks will be emphasized in the section on Advocacy and Self-Determination – suggestions will be made for ways to resolve problems of deprivation – or to make a start on resolving those problems – on an inter-generational and society-wide basis. This, as Bryden (1975:197-200) points out, appears to be the approach favoured by the Canadian Council on Social Development.

3. The Quality of Life for Older Albertans: 1981

This very brief section is included for the benefit of readers unfamiliar with the major benefits and services for older Albertans and to underscore the case against exaggerations about the extent of deprivations. It is, of necessity, illustrative and selective, as are the comparisons with other areas of Canada[5]. The relatively favourable picture presented for older Albertans generally should not obscure the remaining pockets of deprivation in Alberta or the much more serious levels of deprivation in the poorer provinces and territories. And finally, crude figures tell us little about the emotional deprivations arising from the death of a partner, isolation from friends and family or the loss of identity experienced by many in the large service institutions.

Income Maintenance

Some 14.5 percent (24,000) of all Albertans 65 and over in 1981 had no sources of disposable income other than government pensions and supplementary payments, and some 53 percent (86,000) had incomes low enough to entitle them to full or partial supplements from the federal government (G.I.S.) and the provincial government (A.A.I.P.) to the universal federal old age pension (O.A.S.). Even though these figures ignore income in-kind such as free health benefits and accommodation subsidies[6], they present a stark picture of the plight of many older people in Alberta *before* they reach the age of 65. Many of them, obviously, had no other pensions (public service or private) and no savings – although some may have assets which are not producing current income.

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[5] The two major sources of Alberta data are: *Profile of Older People in Alberta* (February 1980) and *Alberta's Seniors* (September 1981). Some license has been used in making approximations based upon slightly different time periods - the figures should *not* be reproduced. Comparable data sources for the other provinces and the territories were not available - but the comparisons are based upon several of the national studies included in the References.

[6] "It is estimated that valuation of the unreported and non-money incomes would increase the total (money plus in kind) income of the older population *as a group* by at least 30 per cent." (Emphasis added; Stone and MacLean, 1979:10).

But Albertans receiving public pensions and supplements are in a much better position than those in the less affluent provinces where income and other types of supplements are much lower. For example, under the Alberta Guaranteed Income Minimum, a married couple living in an urban setting in late 1981 would have received a total pension and supplement income of $11,481, whereas a similar couple in a province using the Statistics Canada poverty line as a base would receive only $9,493. (Alberta Senior Citizens Bureau estimates – telephone call, January 5, 1982).

Thus, in the category of disposable income, very few older Albertans are seriously deprived. For those who found their incomes reduced by retirement, this may be no solace, but for many others their present incomes probably approximate those they had before retirement. This is encouraging – because income deprivation can often be a major contributing cause to other types of deprivation.

Medical and Health Services

As indicated earlier, a majority of older Albertans are in good health and can care for themselves. Those over 65 and their spouses receive free Health Care Insurance covering most medical and hospital services, free Blue Cross optional services, and additional services such as dental care, glasses, and surgical appliances under Extended Health Benefits. Survey results have shown wide variations in the numbers of disabled and chronically ill older people – it may very well be that those based upon subjective responses rather than upon objective medical histories appear to provide a gloomier picture because the respondents were suffering from psychological problems such as loneliness and frustration (Gutman, 1979). A sort of composite estimate suggests that between 15 and 17 percent could be classed as frail and disabled – and requiring "help on a continuing or intermittent basis". Percentages mask human tragedy – between 25,000 to 28,000 older Albertans are in this category.

A study of services in Alberta for the dependent and semidependent prepared by the Director of the Senior Citizens Bureau in 1979 provides an excellent and balanced account (Engelmann, September 1979). The major thread of concern running throughout the study rested upon what appears to be an overuse of institutional-type care for the semi-dependent – a concern not confined to Alberta (see, e.g., Butler, 1975: esp. chap. 9). It would appear that for many families of semi-dependent people, for many of the service providers and for the community in general, the placing of them (the semi-dependents) in institutions is sometimes a necessity but more often a convenience. The study suggests that a trend is developing in Alberta and elsewhere towards greater home care and more placements in service-providing private homes. A similar trend has been underway for some time for other semi-dependent groups such as the mentally handicapped – and some of the evidence suggests caution should be exercised in making the assumption that the tender, loving care not found in large institutions will automatically be provided in fee-for-service private homes. This is one of the major areas where greater participation by older people in their own groups would be a means of gathering information concerning such facilities for their semi-dependent members.

Accommodation

A sizeable majority (about 63 percent) of older Albertans were living in family setting in 1976 – most of them with children or friends. But about 23 percent were living alone – over half of them women – and the remainder, close to 14 percent, were living mainly in institutions – lodges and nursing homes (*Alberta's Seniors*: 2). Over 65 percent of older Albertans own their homes and most of them qualify for a property tax rebate; all older people who live in rental accommodation, whether privately owned or built and subsidized by the Province, are entitled to an annual renter's grant regardless of income (those in subsidized rental accommodation receive less than those in privately owned accommodation). The government is adding each year to the number of subsidized rental apartments. Finally, the government builds lodges for community living (about 40 to 60 residents) and turns them over to the municipalities to operate – they are intended for low-income but not dependent or semi-dependent older people and there are limits on the rent levels.

The major problems arising in the accommodation area are the same or similar to those mentioned in connection with health services – the number of older people living alone who need varying degrees of home care and the number of semi-dependent older people who should be moved into the community from nursing homes. The remainder of older Albertans with limited incomes may not be living in luxury – but they are probably more fortunate than older people in many of the other areas in Canada.

C. Political Systems and Political Participation

The Canadian Political System: A Review[7]

Much of the literature on advocacy originates in the United States and Canadians can learn much from it – but as Pross (1975:1-21) demonstrates in his excellent analysis Canada's political interest groups, tactics of advocacy which might be effective in the United States would not necessarily succeed here because of the different nature of the two political systems. This sub-section will review briefly those aspects of our system which are the most relevant to political participation – some references will be made to the American system for the purpose of clarification.

Canada has few unique institutions, but their mix combined with some necessary adaptations adds an element of uniqueness to the entire system. The federal system, which provides for two levels of government, was imported from the United States but modified in the hope that the changes would reduce the possibility of a civil war. The parliamentary form of government, which provides for a "fusion" of powers between the executive and legislative branches, was inherited from Britain, but it has been modified by the marriage with a federal system. The massive growth in the size and power of modern bureaucracies will be assessed, together with the role of a very recent and unique sort of "third level" of government in Canada – the federal-provincial conference. The effect of the party systems on participation will be touched upon briefly, but an examination of the role of political parties and political interest groups will be deferred to the sub-section on political participation.

A federal form of state divides the authority to make laws between two major levels of government, each of which must have some independent powers – generally derived from a constitution. In contrast, a unitary form of state, which exists in Britain and *within* each of the provinces, lodges all law-making authority in one central government which may, in turn, delegate certain of its powers to local governments. It is scarcely necessary, at this state of Canada's constitutional development, to remark that there must be processes to change the federal constitution involving both levels of government and that there should be some body – the court system in Canada – to resolve jurisdictional disputes.

Without exploring the details of the Canadian constitution in any depth, it is sufficient to point out that advocacy is complicated and frustrated by its complexity. Both the central and provincial governments make laws affecting all aspects of those public policies designed to provide income support, housing, medical and social services for older people. For example, O.A.S. and G.I.S. are Ottawa's exclusive responsibility, whereas most major changes in the C.P.P. by Ottawa require formal approval of the provinces – and, of course, Quebec rejected the C.P.P. to set up its own Q.P.P. Ottawa legislates in the fields of housing, health and welfare – to provide basic standards – and provides massive financial transfers to the provinces for social, health and educational purposes. Yet most of the detailed legislation and the administration of the programs are under the jurisdiction of the provinces. Advocates must be familiar with the often changing jurisdictional competences before they can begin to undertake their major activities. It is not unknown for the two governments to exploit the complexity, thus forcing advocates to traipse back and forth between them while each blames the other for inaction (Dawson in Pross, 1975).

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[7] This is a very simple review of structures and processes of government in Canada so few textual references will be given. Those who desire more information should consult any standard university-level textbook.

One might instinctively conclude that the unitary system within each province would present fewer jurisdictional problems – but this is so only in a strict legal sense. The provincial government centralizes in its own hands all powers assigned to it under the constitution – but it may choose to delegate *by-law* making authority to the many different local governments within the province. The provincial government creates programs and services by legislation and administers them directly; or it delegates both the by-law making authority to create programs and their administration to local government; or, finally, it passes the legislation creating programs and services but gives the local governments partial or total administrative responsibilities. So the advocate functioning entirely within the province can be just as frustrated by intra-provincial jurisdictional tangles as the advocate trying to sort out areas between Ottawa and Edmonton.

Differences between the federal systems in Canada and the United States are not significant enough to prevent Canadian advocates from using the American advocacy literature to their advantage. When we turn, however, to the differences between the parliamentary form of government (in Ottawa and the provincial capitals) and the congressional or presidential form (in Washington and state capitals), it is a different story. At the risk of some simplification, the differences (to be explored briefly below) boil down to the fact that ordinary members[8] of legislatures in Canada have little influence in the shaping of public policies compared to all members of legislatures in the United States.

A very brief summary of the main features of the congressional system might serve to emphasize this difference. The president, under the constitution, is the chief executive – he is elected directly by the people and is responsible to them rather than to the congress – of which he cannot be a member and by which he cannot be removed by a vote of non-confidence or by defeat of major legislation he sends to congress[9]. The congress, consisting of the senate and house of representatives, is the legislative branch of government through which all bills must pass before they become law – regardless of where they originate. The president cannot "dissolve" the congress – both he and the congress are elected for fixed but different terms. He can veto bills sent to him for signature, but congress can override his veto by a special majority. A great many of the bills are introduced by individual members of congress, some by committees of congress and many by members on behalf of the president – the president can be very unpleasant to members of his own or the other party who oppose his legislation, but he has no direct authority to discipline them. Finally, the individual member of congress is not subject to the rigid party discipline which is so essential to the stability of the parliamentary form of government – very few bills pass through congress on strict party lines. Thus the senator or representative in the United States is much more his own man than an ordinary member of parliament – his influence is as much a factor of his experience and the support he has among his constituents as it is dependent upon his party affiliation.

Now let us return to the parliamentary form of government. Ottawa will be used as the model, because the procedures are essentially the same in provincial legislatures despite the existence of a second chamber, the senate, in Ottawa[10]. All major legislation is introduced by the government, and when there is a majority government in office the legislation will generally pass through the house without major changes. If a major bill is defeated by a vote in the house, the government has to resign – an unlikely event during the period of a majority government. Government back-benchers who might dislike the legislation are constrained by party discipline from opposing it in public and certainly from voting against it. They do have more opportunities in the party caucus meetings to express their concerns and to propose changes – some of which might be accepted by the cabinet and incorporated into the bill. Most major bills have gone through a long process of creation and modification by the bureaucracy and in cabinet committees before they reach the caucus and the house – a period when advocates have their best chance to get their needs incorporated into the legislation. So even in caucus, it is unlikely that the back-bencher can effect major change – unless he or she chairs an important house committee or has influential friends in the cabinet. Opposition back-benchers are even more powerless – and despite their prime time exposure on television, leaders of the opposition parties are seldom successful in securing major amendments to bills.

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[8] The term "ordinary member" is used in much the same sense as "back-bencher" to identify the vast majority of the members who hold no government positions or official legislature positions (such as opposition leader).

[9] The president can be removed by congress through the process of impeachment, but only for high crimes or misdemeanors.

[10] The senate, as senate, exercises little influence on the creation of public policy - but individual senators from the party which holds a majority in the house of commons often have great influence upon the government in the formative stages of developing policy.

The situation changes during periods of minority government – of which there have been six since World War II. Some studies have been reported to have concluded that "parliament has been more responsive to the needs of disadvantaged groups when the governing party has failed to control an over-all majority of seats ... and when minor parties have achieved substantial representation (Mishler, 1979:135)". Government back-benchers probably have even less influence during these periods because party discipline must be tightened to avoid defeat – whereas members of the other parties, and especially their leaders, increase their capacity to effect changes because the government must often make concessions. It is the members of the smaller party (or parties) which holds the balance who will have the greatest influence. This was the experience of the NDP during the Trudeau minority government of 1972 and during the short-lived Clark government. This demonstrates the effect upon public policy and participation of the party system – often described in the Canadian setting as a "modified two-party system".

The senior bureaucracy has always played an important role in shaping public policies, but a number of developments in the last half century have increased its power to the point where some would put it almost on the same level as the cabinet. Most of these are obvious, but one needs some explanation. It has long been a convention in Britain that the minister is responsible for all acts of the members of his department or ministry and must resign if there are serious indiscretions revealed, especially on the part of senior bureaucrats. This principle of "ministerial responsibility" prevents the government from evading responsibility by blaming civil servants at any level – for they are responsible only to their ministers or to the cabinet, not to parliament or the people. This convention retains some of its traditional strength in Britain – in Canada, it is almost extinct.

The decline in the role of the house of commons, as an entity, in relation to the cabinet, the massive increase in the size of bureaucracies together with the problems of meeting the needs of ever more complex societies, and the creation by prime ministers (and premiers) of large "personal" bureaucracies (e.g., the P.M.O. in Ottawa) have combined to give senior bureaucrats and equally senior members of the prime minister's personal entourage responsibilities and power equal to, if not greater than, most cabinet ministers. It is generally the prime minister (or premier) who appoints the very senior bureaucrats and to whom they are responsible – thus enhancing their power in relation to their ministers. Some consider these developments a threat to responsible government – not because individual bureaucrats are irresponsible in the normal or moral sense, but rather because it becomes more and more difficult to hold them to account for their actions. Yet this very development plays into the hands of the astute advocate – who will quickly learn to establish good relations with the real power brokers.

There have always been meetings in Canada between the prime minister and the provincial premiers – but only in the last few years have these meetings taken on the importance which leads some to describe them as the "third" level of government. These federal-provincial conferences both reflect and contribute to the ineffectiveness of central and provincial legislatures. In contrast to such meetings before the 1960's, the modern versions take place in full view of the public and they make crucial decisions which, increasingly, the house of commons and the provincial legislatures have to accept with only token debate. The premiers, even more than the prime minister, are forced to reveal all of their weaknesses and prejudices in a forum, unlike their own legislatures, which they cannot dominate. The final meeting on the constitution in 1981 showed most clearly the opportunities provided for astute pressure groups and advocates. The various women's groups, not until recently noted for their ability to work together, exploited to their advantage the public embarrassment of several premiers and won major concessions in their struggle for equal rights.

Political Participation: General

Some general comments about the forms and processes of political participation will provide a backdrop for examining the political activities of older people. A good starting point is the final myth about older people's "clout" at the polls. The popular literature on aging abounds with statements about the potential of "gray power" – there are predictions of throwing out elected officials who oppose increased benefits or of electing only those who support increased benefits, of seizing control of local political parties or of massive protest marches. Less is heard of these extreme claims in Canada than in the United States, where politics is much more exuberant. Perhaps little harm results from such hyperbole – but there is a danger that it might obscure both the difficulties and advantages of effective political participation.

Claims of this nature are not unique to older people's more frustrated advocates – they are taken up by many disadvantaged groups appalled by the contradictions between their idealistic impressions of democracy and what they see going on, all too often, in the realism of the political market-place. But politics is about power – and those who want to exercise power for whatever ends must learn about its realities. Much of the naive idealism upon which so many protests are based springs from two questionable assumptions about the nature of political man in some versions of classical democratic theory. Based to some extent on exaggerated accounts of the practice of the old Greek city states, it is argued that all citizens have the requisite knowledge and desire to participate in politics. Our own powers of observation tell us differently – as do the results of many surveys conducted in most of the Western democracies, including Canada. Questions were asked of samples of the general public to test their knowledge on a very wide range issue of politics and to assess their interest in politics generally. The results were depressingly poor on both counts. Further surveys were conducted to determine the relationship between knowledge and interest on the one hand, and participation on the other. The results demonstrated that low knowledge and interest were associated with low levels of participation.

A sort of pyramid of participation emerged from the survey results. A surprising 25 to 30 percent of all citizens reported that they did not take part in any kind of political activity. Of the remainder, some 75 percent said that they voted, discussed politics with friends and occasionally joined parties and other groups but seldom participated in their activities – the large base of the pyramid. The next level up, about 20 percent said they contributed money, helped out in election campaigns, attended party and other group meetings fairly regularly and participated in most of their activities – but they admitted to having little influence. The remaining 5 percent – the peak of the pyramid – were the "gladiators", the power brokers of our political systems. They ran for and held public office, they were the dominant figures in political parties and in those groups which exist, in part, to influence the making of public policies (Mishler, 1979; Dowse and Hughes, 1972).

It would be impossible to examine here the many and often contradictory explanations for these results. Two deserve brief comment, however, because of their relevance to the participation of older people. It is generally agreed that the knowledge and interest requisite to political participation is a learned process – and that it generally takes place at a fairly young age. This learning process, known as "political socialization", occurs in the home, in schools, in one's peer groups and in some other community activities. Questions asked of the "gladiators" of politics revealed that most of them developed their interests early. This is not to suggest that older people are incapable of learning about politics – it is rather that they probably need a stronger incentive to learn at age 65 than they would have needed much earlier. The second explanation, more appealing from the standpoint of participation by older people, will be mentioned briefly and explored further in the discussion on parties. It holds that low levels of participation spring less from lack of interest and more from a lack of opportunity to contribute – a lack of opportunity often attributable to those who already hold power (Engelmann and Schwartz, 1975:223-24).

Political parties and political interest groups are the two major collectivities through which most individuals (who do not hold public office) participate in the political process. Their respective functions are most easily understood in the context of a not universally admired perspective of democratic societies known as "pluralism". Political society is not, contend the pluralists, a collection of unique individuals or a sort of armed camp between two polarized classes. Rather, it consists of a host of "interests" – social, economic, religious, regional – generally collected into groups. These interest groups provide a vehicle for all sorts of activities on the part of members – and many of them do not include within their activities anything of a political nature. But when an interest group decides to promote its interests by attempting to influence governments to do or not do certain things, then it becomes a "political interest group" (or merely "pressure group"). An early version of pluralism, now totally discredited, saw elected representatives almost as blank slates upon which the various interests would be written – whereupon some sort of calculus would be performed out of which would emerge a socially acceptable consensus on public policy. One need not accept this extreme position to acknowledge the existence of a multitude of competing interests and the need for some means to express them to government. The means or vehicle is the pressure group – the process is known as "interest articulation."

Political parties, on the other hand, are seen as means of overcoming, or at least papering over, the divisiveness of such a multitude of interests in order to gather together enough electoral support to form a government. When parties perform this function, they are said to be "aggregating interests". This function is more important in two-party or modified two-party systems than in multiple-party systems – in the latter, many of the smaller parties are indistinguishable from pressure groups. A moment's reflection will make it obvious that in the real world ideal types seldom exist – a pressure group like the Canadian Chamber of Commerce represents and must aggregrate a variety of conflicting interests in the world of "commerce", and a political party like the NDP must articulate interests in parliament as well as aggregating them in order to win some seats at election time. The party, from the standpoint of those 20 percent who take part in its activities but do not become leaders, is most important during election periods – thus these activities, together with voting, account for most of the electoral participation. The political interest group is more concerned with influencing government policy than with winning elections, so its activities are generally classified as non-electoral participation. Since much of advocacy for older people will be carried out by or through such groups, the various types and their functions will be examined in more detail towards the end of this main section.

Political Participation: Older People

There is almost an implied assumption in analyses of survey results on political participation that high participation levels are good and low levels bad – for whom or for what purpose is not always made clear. Should the participation serve only the selfish material or ideological ends of the participant – whether individual or group – or should it contribute to something more intangible such as the democratic process or a more decent society? Or is there some psychological reward to the individual from participation regardless of whether goals are achieved? There are no easy "scientific" answers to these questions – they depend more upon one's fundamental values and upon the incredibly difficult task of establishing causal links between the act of participation and the achieved or intended result (Dowse and Hughes, 1975: esp. chap. 9).

Perhaps it would be most helpful here merely to record, with reservations because of conflicting opinions, Mishler's two observations based upon his studies of Canadian political participations. The first is that there appears to be evidence that "groups whose members are less active politically are less likely to have their interests fairly represented in the political process", and, therefore, that an increase in "the participation of less-advantaged citizens ... would go far to redressing the relative neglect of their interests ..." The second is that "citizen (individual) participation, whether in politics or in various other non-political social and economic institutions, enhances self-esteem and fosters a variety of democratic attributes and personality traits". (Mishler, 1979: 149).

The second of his observations calls for a gentle demurrer before we look at the political participation of older people. Politics is about power – including for many the personal satisfaction of dominating others. Those whose self-esteem is not enhanced by this particular motive should not be abashed about confining their activities to other realms than the political – the right of self-determination permits both a no and a yes response. Even the lack of participation in other "institutions" is not a sin. The mother who raises her children with love and wisdom and the older gentleman who sits in the sun and speaks kindly to others contribute to the good society. Let us not glorify frantic participation for the sheer sake of participation.

Electoral Participation

The average turnout of eligible voters in federal elections is about 75 percent – which is fairly high despite variations from election to election and among regions in particular elections. An age curve will show a low level for those below 25 followed by a gradual increase to about age 55 and then a very slight decline and levelling off until the very late years of older age. The curve is not steep – even the youngest group seldom drops below 70 percent turnout. (Mishler, 1979; Clark, Leduc, Jenson, Pammett, 1979).

So, contrary to what some perspectives about aging would imply, older people in general do not withdraw from voting when they reach the age of retirement – the very gradual decline from age 55 is just that, not an abrupt drop at 65 and most of it has been attributed to early deaths and restricted mobility rather than to a loss of interest or a sense of rejection. Growing old (in contrast to older) appears to have no appreciable effect on reasons for selecting particular candidates or parties; if changes from the earliest years occur, they come much more often during the middle years rather than after 55. Some evidence suggests that older people begin to vote more "conservatively", but the term is so vague that it tells us little. In fact, on issues that directly affect them, such as improved pensions and health benefits, their voting tends to be less "conservative" than in their earlier years. So it is safe to assert that age, taken by itself, is an insignificant determinant of voting habits compared to others which have been more dominant through an individual's adult life. For example, older people with higher levels of education show generally greater levels of participation, including voting, but the same pattern exists for those in the young and middle-aged groups.

Few,if any, general elections at the federal or provincial level are fought, won or lost on the basis of a single narrow issue – such as the state of nursing homes or inadequate pensions. Problems of party leadership, regional antagonisms, traditional party voting patterns and composite issues such as a general economic decline are of much greater importance. But a single issue might be sufficient to alter results in a single constituency – if older people in high density retirement communities like Victoria, Kelowna and Lethbridge could be persuaded to vote together they might alter the results of a close race in their favour. Only in elections at the local level, where turnouts are generally much lower, is there any slight prospect of the "electoral clout".

The only other important aspect of electoral participation is work done during election campaigns. The age curve for campaign activities is similar to the voting curve with one exception – the age group below 21 is almost as high as the late middle age peak which tends to confirm that party recruitment is most effective in the early years. There is a slightly steeper decline from later middle-age to post-retirement than in the voting curve, but it is only a difference between 45 and 38 percent. To say that 38 percent participate in campaigns, however, tells us very little about the intensity of participation – subjective evidence, however, suggests that much of the campaign activity is limited in both time and impact. Earlier, it was suggested that lack of opportunity rather than lack of interest might account for low levels of meaningful participation. Parties are elitist in structure from the constituency to the provincial and national levels – and the battle for power within parties (as Mr. Clark could confirm) is often as bitter as that between parties. Leaders do not want a large and enthusiastic group of activists becoming frustrated by the trivia of party work between elections – some might want a taste of power themselves.

Nevertheless, this is an area where older people could play a larger role – especially that 20 percent who have always been active in community affairs. They would not be perceived as a threat by the party elite who might well welcome their talents, experience and contacts. They might even shock the party elite by influencing nominations and party policy, as well as deriving personal satisfaction from the process.

Non-Electoral Participation

Elected party members continue to participate in attempting to influence their party's policies, but much of their efforts are behind the closed caucus doors. The political interest group now becomes the main instrumentality of political participation for non-elected party members and others. The remaining avenues of participation are individual in nature – writing letters to politicians, visiting politicians and writing letters on political issues to the press. The direct contact with politicians is most often for such practical matters as enquiring about pension entitlement, but some citizens prefer to raise broader issues. It is unlikely that the impact on public policy is of any consequence, but such activities contribute to the political health of a democratic society and benefit the individual.

More than 50 percent of all adult Canadians belong to at least one voluntary community group, but only about 20 percent participate actively in their groups. Their participation level drops off slightly from the usual high around age 45, but it remains higher than the two youngest age groups. Not all community groups become political interest groups in the sense that a considerable portion of their activities are directed towards influencing public policy, but few of them do not from time to time have some contact with the political aspects of society.

Some general comments about the distinctions between political parties and political interest groups were made above, based primarily on the basic function each performs. But the variation among groups within and across national boundaries is so great that some method of determining which is most appropriate to what functions within a particular political system is necessary. Until recently, there were few studies of Canadian interest groups and even fewer which examined particular interest groups within a framework appropriate to the political system and processes in Canada. Some of the reasons why it was misleading to base Canadian studies on frameworks in the large body of literature on American interest groups are apparent from the brief comparisons between the congressional and parliamentary forms of government in the earlier portion of this section. Most of the important groups in Canada remain to be studied, but there have been major strides in developing a Canadian framework for such studies. Pross (1975) has been a pioneer in the field – his typology of groups will be reviewed briefly to make the suggestions advanced in the final major section of this paper intelligible.

He first elaborates upon the two functions already attributed to groups – influencing public policy and providing services, including an opportunity to participate, to their members. The influence function is broadened to include service to the political system as well as to the more narrow ends of the group itself. Groups carry messages, often conflicting, to the government about what society wants from the government, and the government, in turn, uses the groups to communicate its queries and intentions back to society. This communications process tends to become regularized and groups find themselves involved in formal policy discussions which assist the government but also tend to moderate the demands of the groups and even to make them supportive of government initiatives. Thus the groups tend to become an instrument of legitimizing what the government is doing. In addition, professional groups which under law have the right to regulate their own members are performing government functions as are social service groups when they act as semi-official agents in allocating and distributing services.

Groups generally cannot maintain an active and stable membership based solely upon whatever direct benefits might accrue to the members from political action. They must provide additional services and benefits which would not be available to members from other groups or sources – what Pross describes as "selective inducements". These can take a variety of forms, depending upon the type of group and the interest or interests it represents – expanded business contacts, advisory services, professional training, or enhanced social status. The members of most groups, especially the large ones with professional staff, will not be involved directly in the negotiations with government and they will rapidly lose interest – those groups which do not provide additional sources of involvement for their members will not long survive. This will be a special challenge for older people's groups – and it is a warning that they should not permit a small elite to dominate their activities, including interaction with government bodies.

These many functions are performed by groups which vary, on a sort of continuum, from the simple "issue-oriented" type to the large and complex "institutionalized" type. Many people tend to think of the issue-oriented group as *the* typical pressure group. It often comes into being as the result of a felt injustice by a number of like-minded people – on any kind of issue – and it is not necessary that the injustice directly disadvantage group members. This qualification is relevant to some of the suggestions about advocacy and self-determination in the final section. Some protest groups have emerged to launch political action on behalf of deprived groups, such as severely mentally handicapped people and abused children, who are incapable of fighting their own battles. Others, of course, protest only injustices to themselves. Some of these single-issue groups are successful – but most are not. The most extreme protest groups do not operate as part of the political system – they oppose it, and their tactics are intended to generate hostility rather than co-operation. Few have enduring organizations, adequate resources and a willingness to attract support from other groups by moderating their tactics or broadening their focus from a single, narrow issue. They quickly disintegrate, some of their members turning to violent tactics while others lose interest or gravitate to other and larger groups.

Despite the rapid demise of so many of these groups, some survive and become effective as "fledgling" or "mature" groups – two of the intermediate types mentioned by Pross. But many which did not survive performed the societal function of drawing attention to an injustice and prodding other agencies of the political system into action. The term "protest" need not be used in a pejorative sense – varying degrees of protest from that of such staid groups as the I.O.D.E. to the more violent tactics of early feminists have been condoned in our society – a normal human response is to see our own protest tactics as justified while condemning the tactics of others. Protest as a "threat" to government is usually not effective unless the issue group enlists or attracts widespread support. Governments do not like to be threatened, to be seen to be threatened or, in the worst scenario for them, to be seen to cave in to threats – whether from deprived doctors or hungry old-age pensioners.

The institutionalized group is identified by: a strong and continuing organizational structure; good professional staff; leaders who understand government processes and have constant contact with key politicians and bureaucrats; a large and stable membership to provide the needed financial resources; a fairly clear set of objectives; and the internal services mentioned above as inducements to their members. Few groups in Canada, as Pross admits, meet or could meet all of these requirements – especially that aspect of the close relationship with government which often leads to a sort of "rotation of elites" – senior bureaucrats and cabinet ministers moving into top corporation jobs and business executives moving into cabinet positions, the bureaucracy and crown corporations. Non-establishment groups – unions, environmentalists, the disadvantaged – seldom can play this game and thus could probably never reach the full institutional stage. Institutional groups in most political jurisdictions of Canada, except perhaps those with NDP or other "third party" governments, do not need to use serious threats – it would be tantamount to threatening their own kind.

D. Advocacy and Self-Determination

It is now time to turn from the abstract and general to more concrete suggestions. Much of what has preceded this section is probably "old hat" for many Symposium participants, yet its inclusion may prove of value as a framework and partial justification for the suggestions and comments below. Even though advocacy and self-determination are almost inseparable, the emphasis in the first part will be on structures and tactics of advocacy, and in the second on the individual and group benefits of self-determination.

Advocacy

Canada's vast size, widely dispersed population, historic cultural division and regional economic disparities have, since Confederation, gradually altered the nature of our federal system. The B.N.A. Act of 1867 provided for a very strong central government and weaker provincial governments - opposite to the strongly decentralized system that had existed in the United States from its beginning through to the Civil War. But from shortly after the Civil War up to the present, the United States system has evolved to the point where Washington has enhanced its powers at the expense of the states. Canada, however, since about the 1880's, has moved erratically in the opposite direction. Today, in contrast to Washington, Ottawa's powers have declined and those of the provinces have increased.

It was mentioned in the section on Political Systems that the striking differences between the parliamentary and congressional forms of government were the major reason for exercising caution in attempting to apply American advocacy tactics in Canada - and this remains true. But the differences in the distribution of powers should also caution against our trying to concentrate too much of our advocacy efforts at the national level. Their centralized federal system necessitates and promotes a host of strong national advocacy groups, whereas our decentralized system, together with more limited resources, discourages the growth of strong national groups - especially those whose members do not have access to major financial resources.

The changing age composition of our population will also create problems and challenges for older people's groups and the advocacy process. The relatively low percentage (9.3 in 1981) of older people has until now spared us from the economic and social dislocations attributed to the much higher percentage of older people in some European states. But our percentage will begin to increase - slowly until shortly after the end of this century and then more rapidly. (Stone and Fletcher, 1980:2). While there appears to be no major evidence of inter-generational hostility building in Canada, there are already signs of pressure from without and within governments to limit public expenditures on pensions and other services. It would be foolhardy to assume a decline in that pressure - and wise to begin an examination of ways to contain it, and perhaps even neutralize it, through improved organizations and advocacy processes - and by greater initiatives on the part of older people towards self-help projects which could both reduce the pressure on the public sector and provide exciting and gainful activities for themselves.

Three organizational or structural changes are suggested below as a start in this process - none are sacred and the first two merely complement or modify existing groups. Some comments follow about the tactics of advocacy. It is hoped that they will provoke some discussion.

Structural Modifications

It is suggested that a National Group of older people be formed, based upon or growing out of the present National Pensioners and Senior Citizens Federation, with limited functions; that there be created in each province a Provincial Group of a quasi-institutional type; and that each Provincial Group work with the provincial government towards the creation of an Office of the Older People's Advocate.

Despite the awkward sequence, the reasons for limiting the *National Group* will be set out before looking at its structure, functions and funding. It will be recalled that Pross' full type of institutional group performed a vast array of functions in and for the political system as well as services for its members. This type of group must have access through its members to large financial resources necessary to fund its operations - since few if any of Canada's national groups meet this requirement, it is unlikely that older people, on their own, could do so. Most of Canada's older people could not afford to contribute to a national group as well as to provincial and even local groups. Some of the major national groups can perform most of the service functions for their members because of their limited numbers and specialized needs (e.g., professional groups) – but it is inconceivable that the National Group could provide many useful functions for its members even given the realistic assumption that far fewer than half of the 2.3 million would join.

There is a final reason for advising against the creation of a full institutional group. Given what we know about the greater range and complexity of public services provided at the provincial level and the difficulties associated with the decentralized nature of our federal system, it would appear that the major efforts at the federal level should be to press for improved pension structures and benefits, and to maintain a sort of watching brief to ensure that the federal government legislates and provides the financial transfers to guarantee common minimum levels of health and other services. Most of the great pension achievements since World War II came in the absence of a national institutional-style group and as the result, primarily, of pressures from other segments of the political system – trade unions, segments of the old-line political parties, the CCF/NDP (and earlier, of course, the Progressive "movement"), provincial governments, the Canadian Welfare Council (now the Canadian Council on Social Development) and, not least, the senior bureaucrats. Groups of pensioners had an important impact upon improvements in the original C.P.P. proposals and the development of G.I.S., but they played little part in the development of the O.A.S. system and the seminal stages of the C.P.P. (Bryden, 1974:chaps. 1 and 9). This is not to suggest, obviously, that a National Group is unnecessary – rather, it indicates that a group with limited functions can act almost to co-ordinate what Bryden describes as this "developmental process".

The National Group would operate as a federation. Each of the Provincial Groups, hopefully including one for Quebec, would have representation, but there would be no individual or sub-group representation – except perhaps the territories. Provincial Groups should not be prevented from making direct representations to the federal government on matters of unique concern to the particular province, but the major advocacy function on national pensions and other services requiring federal action should be initiated, co-ordinated and carried out by the National Group. As already implied, its major activities would be confined to the communications and legitimizing functions described earlier – including the monitoring of attempts by both levels of government to evade responsibility under the guise of jurisdictional uncertainty. Federal-Provincial Conferences would be a fertile ground of activity for the Group. Clashes between the National Group and one or more of its provincial members are inevitable – but a carefully drawn constitution should prevent them from becoming as unseemly as those between the federal government and the provinces.

The National Group should establish formal relations with other national advocacy groups whose primary concerns are social and individual deprivations and with the Canadian Council on Social Development. This co-ordination of advocacy efforts would be consistent with the underlying theses of the paper – especially in the sense of attempting to eradicate or reduce the causes of deprivation early in life. It could be argued that this proposal would lead to a dissipation of limited resources – to which there are two counter arguments. This type of co-operation might dampen the potential inter-generational hostilities feared by some, and older people in general would probably benefit as individuals by involving themselves through this and other levels of their organizations in the problems of others.

Financing for the National Group would come from three sources: the Provincial Groups, the federal government and tax-deductible contributions solicited from affluent older people and from those private businesses, such as national nursing home operators, which benefit from increased public spending for older people. The legitimizing function would be a major benefit for the federal government – and the operating costs would not be excessive because of the limited functions. Tax-exempted status would probably not be denied to the National Group unless it engaged in overt and repeated partisan activities (Swaigen, 1981).

The older people's groups in each province should establish, if one does not already exist, a central, quasi-institutional type of *Provincial Group*. Most provinces already have some form of central group – such as the Council on Aging in Alberta (*Alberta's Seniors*: 10) – so little justification is necessary for this suggestion. Despite the vital and expensive activities carried out by the federal government for older people, those activities are limited – whereas the activities of the provinces and their local governments are virtually unlimited. Thus the communication and legitimizing functions would be even more important than at the federal level – especially in the carrying out of policies. Some of the major problems in all social service areas arise at this level – and a strong group should work towards co-operative participation with government in the framing and implementation of regulations. The monitoring of services could involve a large number of members. And this, of course, is an additional justification, if any is needed, for the creation of a Provincial Group. This opportunity to participate in a significant manner could be of equal or even greater importance for some members than the benefits of improved services – it is a form of self-determination in action.

The Provincial Group is described as "quasi-institutional" for two simple reasons. It would not be able to provide the "selective inducements" mentioned earlier as a device to attract and keep a stable membership and, if it were dependent upon members' fees alone, it could not afford a large professional staff. Much of the type of work done by a professional staff would have to be done by the members themselves – probably on a part-time basis. This is not as serious as it appears at first sight if provincial governments agree to fund the Older People's Advocate.

The structures of the Provincial Groups will vary from province to province, so little advantage would be derived from an attempt to outline an "ideal" structure. The only important issue to be mentioned here is that of widespread participation by members – to avoid the creation of yet another elite organization. Since this matter will be dealt with under Self-Determination, we can now turn to the final suggestion.

Each of the Provincial Groups should press for the creation by the provincial legislature of an *Office of the Older People's Advocate*. The Advocate, on behalf of the Provincial Group, would perform two major functions. The first would be to persuade the provincial and local governments, using all appropriate advocacy methods, to develop the best possible benefit and service programs to meet the needs of deprived older people. The second would be to ensure that the programs were being properly and fully implemented – and that in the process, the rights and dignities of the recipients were being respected.

The Office, similar to the Office of the Ombudsman in Alberta and other provinces, would be fully funded by the provincial government. The Advocate would be nominated by and responsible to the Provincial Group. The formal appointment would be made by a special committee of the provincial legislature, which would have the right to reject a nomination – in which case, the Provincial Group would put forward another candidate. The co-operation of both the provincial government and the legislature is essential to the creation of the Office and its effective operations. The government must agree to the creation of the Office and to draft, hopefully in co-operation with the Provincial Group, the legislation and to shepherd it through the legislature – and the government would also have to agree to include in the legislation provisions for funding and for giving the Advocate access to all government agencies and to privately owned and operated service institutions, such as nursing homes, which receive government funding. The legislature is suggested as the formal appointing authority to protect the government from charges of appointing a weak Advocate – and to ensure the co-operation of the legislature when the Advocate wants to appear before legislative committees.

What justification is there for the creation of this Office? Why, in Alberta for example, could not a government agency like the Senior Citizens Bureau or a voluntary organization like the proposed Provincial Group (an expanded Alberta Council on Aging) perform most of the functions? Why not use the Ombudsman in those provinces where one exists – or even have one national Advocate instead of ten provincial Advocates?

Some of these questions have already been answered indirectly. A national Advocate would make no sense given the functions suggested for the National Group and because of the much greater role of the provinces in all of the service areas. The Ombudsman cannot have an advocacy role of the kind suggested here – he cannot enter into public confrontations with the government over the nature of legislation and he certainly cannot become a "partisan" for one particular group or interest at the expense of others. His major function is to investigate administrative abuses under existing legislation and to recommend corrective action. In this latter sense, there is an overlap with the activities of the Advocate – but the Advocate would be searching out abuses as well as dealing with those about which complaints have been made. In some cases, too, the Advocate would be less concerned with technical violation of regulations than with the very impact of the regulations themselves – to what extent they deny, for example, to residents of nursing homes idiosyncratic amenities as opposed to standard amenities.

It has already been argued that the Provincial Group cannot fund through its membership fees a professional staff of the quality and size needed to perform the functions proposed for the Advocate's Office. Nor could the job be done by the officers of the Provincial Group – their primary function is to represent their locals in the Provincial Group and few if any of them would be able to devote all their time to the sorts of tasks demanded of the supporting staff in the Advocate's Office. Certainly some part-time work could be done by officers of the Group to assist the Advocate – on a paid or voluntary basis – but the increasing needs and numbers of older people demand a fairly large and stable staff with some professional training.

Finally, what about an agency of government like the Alberta Senior Citizens Bureau? Senior bureaucrats have already been commended for their efforts on behalf of older people – but they are always caught on the horns of a dilemma. There may be conflict between their official role as advisers to their political masters and their "unofficial" role as friends-in-court for older people. The Alberta Bureau (*Alberta's Seniors*: 11) provides excellent information and other services to many groups in the province and does make recommendations for improved services (Engelmann, September 1979). But it is clear that the Director of the Bureau could not, for example, appear before a committee of the legislative assembly, on behalf of older people, to press for policies known to be contrary to those held by the government. Nor could the Director, or any other senior bureaucrat, to take just one more not so hypothetical example, engage in a public protest campaign for the purpose of forcing the government to close down or improve facilities deemed to be inadequate by the older clients but not by the government. And despite the best of intentions on the part of many senior bureaucrats in their dealings with voluntary groups, regardles of age or deprivation, there is a danger that the group representatives will find themselves being co-opted (and not always unwillingly) by the bureaucrats – and what then happens to the much valued self-determination?

Given the emphasis throughout this paper on the development of inter-generational co-operation in reducing deprivations, there may very well be a case for expanding the functions of the Office of the Advocate, if they should prove effective for older people, to other deprived groups. Not only would this avoid creating hostility in groups without an Advocate, but it could well lead to more age-heterogeneous facilities for those older people who do not want to be isolated from other generations.

Tactics of Advocacy

Although the rhetorical literature on citizen involvement is immense, there are very few solid works on the mechanics of political advocacy which can be readily utilized by citizens organizations." (Chapin and Denau, 1978: 40). This wins the prize for the understatement of any year in Canada, where there still lingers a feeling of impropriety about talking of "pressure" politics.[11]. Americans are much more open and honest about politics – their "lobbyists" are highly paid professionals who are required to register themselves in Washington, where they ply their profession openly from offices often located in government-owned buildings. Some of them are former cabinet officers, members of congress, vice-presidents and even presidents (who act rather more circumspectly). We, of course, play the same game in Canada – but behind the closed doors of the best clubs and with players called "corporation lawyers" rather than lobbyists.

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[11] In 1952 or 1953 students of the author interviewed a senior official of the Edmonton Chamber of Commerce; when informed that their instructor had described the Chamber as a pressure group, he peremptorily ushered them out with some unprintable but perhaps accurate comments about the author.

This provides a useful lead into the main topic. It is true that there is little useful literature on the nitty-gritty of advocacy – and the reason is less the slight distaste for pressure politics and much more the fact that many of the most successful advocacy attempts have subjective aspects which are impossible to replicate or document. This is one of the reasons why the informed literature stresses so much the importance of regularized contacts with key politicians and bureaucrats – and why an Older People's Advocate with professional skills and wide contacts is so essential at the provincial level. The good old days when some group representatives could ring up the premier of Alberta, drop in and have a chat and leave with their requests granted are long gone – if they ever existed. So there is little point in setting out a list of do's and don'ts – they have to be learned and honed the hard way.

It was not possible in the brief section on Political Systems to provide more than an outline of the fundamentals of the parliamentary form of government. Those interested in advocacy should proceed to the next level down by examining in more detail the organizational structures and the processes of particular governments. There are many studies of the policy-making processes at the federal level but fewer for the provinces in general and for individual provinces.[12] A word of advice might save some time. There are some major differences between the federal government processes and those in the provinces, and among the provinces themselves. In addition, the federal government and most of the larger provincial governments make frequent changes in their structures, so there is little to be gained from memorizing detailed organizational charts. For example, during the preparation of this paper, the federal government transformed the huge Post Office Department into a crown corporation and collapsed three or more departments – into a much enlarged Department of External Affairs. Above all else, the inexperienced advocate should consult other friendly and more experienced advocates and court a few of the upwardly-mobile young hopefuls who surround key ministers – those are among the best possible ways to distinguish reality from the charts.

Frequent references have been made to what are often described as the key "pressure points" of a government – that is, where or to whom does one go to maximize opportunities to influence all aspects of public policy. A brief review, supplemented by some significant omissions, may be helpful. The prime minister and the premiers are obviously at the top of any list – but one should not be misled by media references to the "accessibility" of this prime minister or the "warmness" of that premier. Pleasant conversation is one thing – receptiveness to influence quite another. There are formal meetings on a regular basis between most first ministers and some of the largest national and provincial groups, but often the most effective influence comes from one-to-one contacts – and few but powerful members of the national and provincial establishments have that sort of opportunity. A more accessible source of influence can often be the first minister's close confidant from among his coterie of personal bureaucrats – but one must quickly learn to distinguish those with power from those who only yearn for it. The influential ministers and their close personal advisers are important sources of influence – but the influence of the minister cannot always be measured by the importance of the department he or she heads. Mention has also been made of the government back-benchers who might chair an important legislative committee or have personal influence with an important minister and, in times of minority governments, the leader of the third party which holds the balance of power. And last, but certainly not least, is our old friend, the senior bureaucrat – about whom enough has been said.

One other very special type of person remains who is neither "pressure point" nor advocate, but a rate combination of both. In Ottawa, Stanley Knowles of the NDP and Liberal Senator David

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[12] For the most useful of the many federal studies, consult any major topical bibliography. A very readable and up-to-date review of the policy-making processes in the provinces is available in: Chandler and Chandler, 1979.

Croll are the outstanding examples. Legislatures cast up, infrequently and regardless of party, members with a deep commitment to help the deprived and who gain the confidence and respect of their fellow members – and who have the determination, experience and legislative skills to win support for their policies.

Far too much effort is wasted in trying to gain the support of public opinion for a cause. Until some recent movements raised doubts, motherhood was about the only issue as a safe bet to attract almost universal approbation – beyond that, the term "public opinion" is meaningless and misleading. There are a host of "publics" holding a host of "opinions" – and both change frequently. Most individuals have several interests, upon which they hold opinions, and these interests identify them with publics, some of which are groups. These are the "selective publics" the advocates for older people must try to identify and to whom appeals for support should be directed. One fertile source of support is those other groups to which many older people belong – some may be purely self-serving in their interests, but others, such as church-centred groups, are fertile grounds for amassing support.

About 16 percent of Canadians 65 and over are still working, many of them in professions or other occupations to which are attached prestige and high incomes – doctors, lawyers, dentists, *politicans* and owners of private businesses. While some might be too busy to hold formal positions with older people's groups and others, often the most affluent, would not want to, those who could be persuaded to help (as many now do) represent, collectively, one of the most potent sources of influence in our society.

And once again an old theme. Older people's groups must take the initiative in establishing formal relations with the many other groups whose primary aims are to reduce or eliminate human deprivation. There will be difficulties in the beginning – and joint advocacy may take time to establish – but the long-run benefits are incalculable. This is the breeding ground for a new approach to deprivation – it will probably never become what de Beauvoir wants, but it will help to minimize inter-generational hostility and to provide today's generation of older people with their greatest challange.

Self-Determination: Right or Opportunity?

It was mentioned early in the paper that the self-determination of older people could find expression in four ways: collectively through group action in relation to governments and other social institutions; by individuals within the group in relation to the group itself or its leaders; by individuals, on their own or with the support of a group, in protesting actions, for example, of service providers in institutions; and through the development of programs and projects by and for older people largely outside the public sector.

Before commenting briefly on each of these, a very brief detour is called for into the sense in which the term "right" is used in conjunction with self-determination. Some dictionaries define self-determination as "a determination of one's acts by oneself without external compulsion". The literal meaning of these words seems to convey the sense of a right overriding all others in the positive law – whereas a more useful sense would be the unrestrained opportunity of an individual or a group to pursue interests within the bounds of the law. Whether this distinction makes any sense may become more clear as the discussion proceeds.

The period of almost uncontrolled economic growth during the several years preceding 1981 is unlikely to be repeated for some time. What appeared for a time to be just another mild recession is now showing all the signs of becoming an extended period of economic hardship throughout the Western industrialized world. Canada, despite proposals to the contrary, is incapable of breaking this trend on her own – she is more vulnerable to outside pressures than most other states because of her heavy dependence upon external markets. Demands are already appearing for cutbacks in "unproductive" government expenditures on social services and other benefits, many of which apply to all age groups including older people. It is unlikely that such benefits as O.A.S. will be terminated or reduced, but the indexing feature could be modified or suspended. The numbers of older people are increasing, and the removal of the compulsory retirement age, especially during a period of massive unemployment, will do little to ease the problem. Older people will have to fight harder just to stay where they are – and this will have consequences for self-determination.

The structural changes to improve advocacy together with the increased efforts required to meet the economic threat will lead to a strengthening and expansion of groups and a professionalization of their activities. Older people's groups will have to expand their membership rapidly in order to lend more credibility to the claims of their advocates to represent all older people in Canada – and to increase their revenue to finance the much greater activities. These developments might enhance group self-determination, but that does not necessarily imply or produce greater individual self-determination – the right of each member to have a voice in the selection of leaders (accountability) and some influence on what the leaders say on their behalf (responsiveness). Politics at all levels tends to show similar characteristics. Since 1945, the struggle of former colonial peoples for national self-determination has led to the creation of over one hundred and twenty newly independent states – yet in most of them, the rights of the people, the citizens, to have a say in their own destinies is no better, and in some cases worse, than it was prior to independence. This is not to suggest that leaders of groups will consciously set out to exclude members from the benefits of individual participation – but given what we know about group dynamics, only a handful of those who participate are able to exert much influence.

There is a further manner in which individual members could have their efforts to benefit from participation eroded. The quasi-institutional functions of the Provincial Groups depend for their success upon the extent to which the Advocate and the group leaders establish close relations with senior bureaucrats and politicians – yet this adds to the elitist trend. There is a great temptation for group leaders to identify more with their political collaborators than with their own members – and a form of co-opting is under way. This can even take the form of governments setting up advisory groups from various segments of the community, including older people's groups, and selecting (or suggesting) the groups' representatives themselves rather than leaving the choice to the members. The Provincial Senior Citizens Advisory Council of Alberta in its *Annual Report* for 1980 states that representatives of the A.H.A., the A.M.A. and the Universities are chosen by the government from nominations made by the institutions, but there is no mention of how the ten community representatives, including some from senior citizens groups (*Alberta's Seniors*: 12), are selected. Governments, of course, have the right to appoint whom they please to advise them – but the members of groups should insist that their leaders make clear to the members themselves and to the public the exact manner in which their "representatives" are selected. If groups and individuals are serious about self-determination, and if governments are honest in their protestations about wanting older people to take more responsibility for themselves – here is an ideal place to start.

This form of co-opting appears to be even more prevalent at the level where the immediate service providers and older people interact – and especially in the larger institutions. Informed evidence from Canadian sources is not extensive, but the abuses in the United States are referred to often (Butler, 1975: chaps. 7-9; Perlman, 1975: chaps. 7 and 10). Representatives of various community groups, including older people's groups, who were named by their groups to sit on various institutional committees, including those with sort of watch-dog functions, were often "co-opted, diverted or bought off with trivial concessions". The greatest form of self-determination individuals could demonstrate within their own groups would be to insist that group representatives to any outside body, public or private, be selected by the leaders in consultation with the membership – and that representatives be instructed and be changed frequently.

Mention of the direct interaction between service providers and deprived older people – the "consumers" of the services – brings us to the most controversial, most studied and most perplexing problem in the field of social gerontology. For a rank layman to plunge blindly into this morass, even if space permitted which fortuitously it does not, would be to invite a savaging from all sides – of which there are many. Yet it is the area where individual self-determination takes its greatest battering, so a few observations must be made[13]. They will be confined to two broad topics – the current trend towards moving clients from large institutions to smaller settings, including private homes, and the quality of service provided.

Stereotyping is evident in much of the literature on "deinstitutionalization". At one extreme, institutions are depicted as being large, ugly and dehumanizing while, at the other, living in a home setting is eulogized. Few would disagree that the "warehouses of death" – the large privately owned and publicly financed nursing homes where profits take precedence over human dignity – must go. And there is little disagreement about the disadvantages of those large public institutions, other than intensive care hospitals, whose very size and complexity demand regimentation and dehumanizing of the client in the name of efficiency and for the convenience of the service providers. But there is a great variety of institutional types, some of which have been designed and are operated by those who can strike the optimum balance between the needs of the clients as unique individuals and the facilities and processes required by a concerned staff to meet those needs. In a great many cases, clients would not be in institutions if family home settings were available. Attempts to duplicate the caring family home setting in fee-for-service private homes should be treated with considerable scepticism, especially when alternatives such as smaller, community-style institutions are available. Aside from the not entirely cynical observation that government accountants may detect financial savings in such arrangements, experiences with private "boarding homes" for other types of deprived individuals have proved anything but universally successful. Pre-placement investigations, especially those related to the experience and attitudes of the owners, have been inadequate as have regular and thorough follow-up inspections which include client satisfaction evaluations. Some placements have been excellent, but one can be as aliented in an uncaring private home as in a huge institution.

The major point is that the individual's right to self-determination is served by neither alternative unless he or she, or a trusted surrogate, is involved in all the major decisions. In those jurisdictions where patient or client consent is not required for placement and re-location, advocates must insist upon the enactment of policies and regulations which provide, *inter alia*, for clients, their surrogates or public advocates the right to visit and assess facilities on the same basis as government assessors and inspectors.

"The senior's problems are the bread and butter of a growing army of social workers, schools of gerontology, bureaucrats and proposal writers (including retired professors)", says Tish Sommers of the U.S. National Organization of Women (NOW), who often suggest that " . . . the major problem is a shortage of 'qualified' and adequately trained persons who are paid well enough and who receive sufficient benefits to keep them satisfied to stay put in service agencies for the elderly". (Gross, Gross & Seidman, 1978: 231-40). Despite the slight excess of feminine hyperbole, this comment has some relevance to the complaints about the quality of service in most of the institutions for deprived older people. It is unnecessary to detail or document the complaints – they are widespread in the popular and professional literature. At the risk of some over-simplification they can be reduced to the assertion that the demands of a bureaucratic structure and the professional interests and needs of the service providers often take precedence over the need of older people to be treated as individuals and their right to have some choice in what is being done to and for them. Too many professional studies conclude that the solution lies in the training of even more professional service providers, a solution scathingly condemned by Dr. Robert C. Reinehr in his study of the mental health establishment in the United States (1975). One suggestion does have some merit to this layman – it is that individuals carefully selected for their ability to empathize with deprived older people be trained as para-professional intermediaries between the specialized service providers and the clients. There is no reason why some of them could not be older people, but there is very good reason to suggest that age should not be the primary basis for selection – many of the institutions in which deprived older people are located are not age-homogeneous. This would not involve yet another layer of service providers, because, as Reinehr points out, a great many of the functions performed by the specialists are of the type anticipated for the para-professional, so there ought to be far less need for expensively trained specialists.

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[13] The observations are distilled from a number of studies on aging and some recent experiences which required the author to become peripherally involved in some tentative proposals to relocate handicapped people from large institutions into the community. Several of the most helpful aging studies were: Marshall, 1980: part VII, esp. Schwenger and Gross, and Myles; Lakoff in Binstock and Shanas, 1976: 643-75; Butler, 1975: esp. chap. 9; Baum, 1977; B.C., *Report of the Mental Health Planning Survey*, May 1979.

The reduction in the size of institutions, the intervention by advocates to ensure that all government policies and regulations relating to services and facilities guarantee in law and in practice a voice for all clients in their own lives, and the use of specially trained, empathetic para-professionals should help to improve the quality of services for deprived older people. Many of the present professional service providers are caring, but one can only hope that the future professional training of those who will work with dependent and semi-dependent people, regardless of age, will place more emphasis on the development of empathy for the consumers of services – even at the expense of one less course on techniques.

The final area of self-determination which deserves a brief comment is the involvement of older people in more "self-help" projects of an income-producing nature. Most people, and especially older people who have retired, have a need to be involved in activities which enhance their feelings of usefulness and independence – and which they enjoy. Political participation, on an individual or group basis, fills some of this need for some people, but for most it is limited in scope, takes up very little time – and seldom provides any monetary incentives. And for many, involvement in political activities would not fill a need – and their choice not to become involved is what self-determination is all about. For others, their needs can be met through community activities – those sponsored by their own groups, other groups or by various levels of government, charitable organizations and even parts of the private sector. Few of these involve opportunities to supplement low incomes – one of the prevalent social attitudes is that retired older people should be satisfied to work for nothing, or for wages much below the norm, because society is already "paying them" through the pensions.

Most of the 16 to 17 percent of Canadians who continue to work rather than retiring at 65 are professionals and the self-employed – for whom both independence and earlier acquired incentives are important. Almost 90 percent of those who retire at 65 are neither working or looking for work – of the remainder, about five percent of women and men (in 1977) worked, most of them for less than 15 hours a week, and six percent were looking for mostly part-time work (Martin, 1981: 28-29). If the percentages hold for 1981-82, that would mean that almost 140,000 retired men and women are looking for work – with the primary incentive being to supplement their incomes. The numbers would probably be higher if more job openings were available with a greater variety of occupations – and if disincentives did not exist in the pension supplement programs. Employment opportunities for older people must be increased – this is a task for governments and the private sector with the co-operation of and under strong pressures from national, provincial and local groups of older people. Far more effective employment services can be devised, more selective and better re-training programs can be developed, and some ingenuity by the Department of Finance in Ottawa could reduce the financial disincentives without appreciably disadvantaging other age groups.

But there still remains in Canada the vast and largely unexplored possibilities of largely self-generated income-producing activities for older people – as individuals or in groups. Some could involve co-operation with industry as in Britain (Martin, 1981: 36-37), or they could be operated completely by older people themselves – with or without seed money from governments. There are those who would argue that government start-up grants to older people would be unfair because they are already being "subsidized" through pensions and other services – or, that if grants are given, they should not be used to set up activities which compete with those which already exist. These arguments look a bit thin when one casts an eye over the massive subsidies and tax write-offs which are available to large companies with huge profits.

Nevertheless, there is a case to be made for starting up enterprises with a minimum of public funding – the challenges are greater and so would be the sense of independence. Some now exist, many are suggested in the literature, and the ingenuity of almost anyone who has managed to survive this complex world with a modicum of sanity remaining should be able to produce others. Only one will be mentioned here – and developed at greater length, if time permits, during the Symposium. Canada has an excellent record of creating and sustaining many types of co-operatives – yet so far as a not very systematic check through the literature would indicate, there is nowhere in Canada a large multi-purpose co-operative by and primarily for older people – retired, semi-retired or about-to-be retired. They could be patterned on the more successful consumer-goods co-operatives, with the addition of other services for older people – medical, dental, recreational, advisory. This could provide a challenging and exciting and useful example of self-determination at its very best.

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Panelist's Response: Margery Boyce

Although I am now a resident of another province, Prince Edward Island, which I might add has the largest percentage of its population over age 65 of any province in Canada (1976 Census: 11.2%, approximately 13% in 1982), the invitation to respond to Dr. Davy's paper and to participate in this symposium came, I believe, because of my years of experience working in the Ottawa Ontario community. There, I like to think, more, rather than less of Dr. Davy's strategies for advocacy were successfully tested while working on behalf of the aging.

Perhaps if I had read his paper some years ago I would have been discouraged and might not have persevered because much of what he describes about the perils and ultimate frustrations of the 'trial and error' methods we employed is indeed now familiar.

In 1975 when the Ottawa area pioneered the development of a local Council on Aging things were somewhat different ...

Some ten years ago, as a relatively politically naive health professional, I was involved in a demonstration project jointly carried out by the University of Ottawa and the Ottawa Carleton Health Unit. This venture was funded by a Public Health Research Grant (Project / 605-7-723 National Health Grants Programme). It sought to investigate the health needs of the residents of a newly constructed senior citizens apartment building, with a view to maintaining their independence and well-being through the intervention of appropriate health care personnel.

The three-year period in which the study was carried out allowed us exposure to some two hundred and eighty persons who ranged in age from 50 to 96, and whose individual differences were far greater than any common concerns. However, they shared an eligibility to subsidized housing, the impact of relocation and the experience of living in a relatively new housing concept for older persons – the high rise senior citizen apartment.

The objectives of the project and the degree of success in achieving them is the subject for debate in another forum. However, during the process, the awareness developed in me of the impact of political decisions on peoples lives, and I became part of a movement to involve older persons themselves in planning and monitoring services to meet their needs.

The Ottawa (Carleton) Council of Aging was born in 1975 as a service of the Social Planning Council of Ottawa-Carleton. (I say born because there had been a considerable gestation period during which much discussion took place about the size, shape and ultimate form this new organization would take.) Its concerns, initially, were for the frail and disabled whose presence became more visible in the community with the construction of large congregate housing facilities and the subsequent increase in referrals to existing health and social services agencies.

The Council numbered some 25 individuals and was composed of a coalition of older persons, concerned professionals and community groups (including a powerful service club which had agreed to provide initial funding.) The Senior Citizens Council, the Retired Teachers Federation, the fields of law, medicine, nursing, education, social work were all represented with members drawn from both anglophone and francophone communities.

Initially, members were nominated by a steering committee and an executive was appointed for the first year. The first Chairman was a retired Assistant Deputy Minister with a record for community service. (He had embarked on several careers since his retirement some years previously.) The Council has not only survived, but has grown in reputation by its increasing influence in developing and monitoring services to respond to the needs of the some sixty thousand older persons over the age of 60 who reside in the Regional Municipality of Ottawa-Carleton. The Council provides representation on the Continuing Care Board of the District Health Council and on the Board of its parent body: the Social Planning Council. It reviews all grants and projects for which funds are requested from the City of Ottawa. Its members (now 36), particularly those who are retired, are involved in innumerable activities in the areas of public education. These include inter-generational programs where older persons are recruited as resource persons to local High Schools, providing students with the benefit of practical life-long experience as an adjunct to their regular course of study. This program – named WISE (Wider Intergenerational Special Enrichment) has proven to be successful, not only to the students now, but in breaking down negative stereotypes about the old – (these resource people are interesting, dynamic and leading lives full of challenge). The students respond enthusiastically.

Other ventures the Council has encouraged have resulted in an Employment Bureau for the Retired, a Postal-Alert program provided by the letter carriers and coordinated by a committee of retirees (including retired postal employees), a telephone reassurance program operated mostly by persons who now live in institutional settings, for those who live in the community.

Seminars are given on a regular basis to medical and nursing students and to others who will be the planners, architects and care-givers of the future, as well as other special groups such as public health nurses and to the community at large. Activities are not solely concerned with the disadvantaged older person, but have expanded to developing opportunities for the active and often so-called "young-old" to continue to contribute their time and expertise to the community at large.

Dr. Davy mentioned among the difficulties in carrying out the advocacy role, the complexity of the system and the necessity for advocates to establish good relations with brokers (those "middle persons" who have the power to influence others). Not only are organizations needed where these relationships can be established at the Federal and Provincial levels, but at the local/municipal level as well, particularly in large urban communities. We built on the skills and experience of retired educators, bureaucrats and other professionals to learn effective communication techniques and to raise the consciousness of their contacts to the needs of aging persons in the community.

Through such organizations the energies of retired persons can be utilized. The role-models such persons provide are positive and work to dispel the myths about all the old as sick, institutionalized and unproductive. Dr. Davy suggests some advocates, by publicizing the negative aspects, actually do a great deal of harm since the concerns they raise have more media appeal. The well-old as advocates, as honest brokers can be very effective in improving the situation of their less fortunate peers.

I believe, perhaps unintentionally, there is a myth in Dr. Davy's paper. He talks about two distinct groups: the disadvantaged frail, and the disabled who require help on a continuing or intermittent basis (some 15-17% according to your statistics here in Alberta) and the other 85% who are relatively well. The 15-17% may be constant, but its ranks may include those who yesterday, last week or last month were relatively healthy and not financially deprived.

One deterrent to action I think is *fear* – that is not a scientific observation! We hear a great deal about "enlightened self-interest" that we will become advocates because we will ourselves be old some day. One fear that many older people express repeatedly is the fear of becoming dependent. And yet, from my experience, it has been most difficult to organize the well, influential older person to confront the issues of institutionalization with a view to effecting real change. Is fear a factor?

Change can come about and the forces of the older advocate can be mobilized effectively, but we have to work at it. How many of you have seen the film Peege? In this film, a family (husband, wife, two sons) visits a nursing home at Christmas to bring very unappropriate gifts to the husband's mother (Peege). She is almost blind, has ceased to communicate except in two or three word whispered responses, and is somewhat dishevelled. The atmosphere in the nursing home is not one in which the wife, in particular, seems comfortable. Conversation is difficult and the visit is a short one. After the rest of the family leaves, the older son goes back to his grandmother's room, puts his arms around her, tells her how much she has meant to him, and leaves. (On the way to the nursing home he has been thinking about all the good experiences he and his grandmother had shared over the years and the camera allows us to see Peege as a laughing, joyful person). Peege's face lights up and the film ends.

I viewed this film for the first time with the Council on Aging Executive: two retired educators, a priest, a social worker and a bureaucrat. We were all moved. The impact on Community action, although not immediate, was forthcoming. Their involvement on Boards and Committees as advocates has been effective. One said after: "I've never dealt with *this* before." Doug Rapelje talks about his gift T shirt given to him by some of the residents of his community which says "*Old Age Is Not for Sissys*".

Rehabilitation and recovery without long term institutionalization is possible. We have all been inspired by the experience of such noted Canadians as Stanley Knowles (who has been an extremely effective advocate on the part of pensioners and veterans), and of the late Governor General Jules Leger, who, with the help of Madame Leger carried out his duties as Governor General. Through their self-determination they provide an example of courage and dignity rather than the one Dr. Davy's cautions is possible where those who are forced into a position of self pity and alienation.

Panelist's Response: Mary Percy Jackson

Mr. Chairman, and everybody here, I'm glad to see there's one retired general practitioner besides myself. All the rest of you are obviously so much better informed than I am that I'm totally outclassed. I appreciate the privilege of being asked to speak to you. I'm a retired general practitioner, but my only real qualification to be talking to people here is that I'm one of the people that this symposium is all about. I'm 78 this year, I'm a widow, living alone with an old tom and a poodle. I am seeing the problems of old age from an increasingly personal point of view.

Since I was a medical student in the 20's, the improvement in the health of old people has been simply tremendous – better nutrition, better sanitation, and enormous advances in medicine, have done more than just add 10 years to life expectancy, they have altered the health of people over 65. It seems absolutely ridiculous nowadays, after medicine has given us an extra 10 years of good health, to make 65 the age for mandatory retirement. So many 65 year-olds are in excellent health, willing and competent to continue the work they enjoy – it's social as well as economic insanity to lump them all together in the category of old age pensioners. When I was looking around last night at the number of grey heads amongst all the delegates; when I think of the number of those people who are going to be retired very shortly, there's something frightening about the loss of the accumulated knowledge and wisdom of the people who are going to be cut off – retired – given old age pensions. It's difficult to guess how this will be affected by the equality rights in our new constitution. I was interested to read of the prohibition of discrimination on the grounds of age or mental or physical disability. It appears to offer some startling prospects for legal arguments – for instance, would this give the doctor who is over 65 and becoming mentally disabled, the right to refuse retirement? God forbid.

Whether you call us "senior citizens" or "older people" we still are conscious always that we're pensioners. I wonder if possibly old age pension is one of the reasons for the change in attitude to the old in the last 50 years – because it's not merely altered our feelings of self-worth, it has altered the attitudes of society to old people, we are no longer contributors – we are set apart as old people who need pensions. A large proportion of those between 65 and 75 are healthy, well able to take care of themselves, and in Alberta they can hardly be considered deprived, even if they have no savings at all. A couple under guaranteed minimum income receives nearly $1,000 a month plus free hospital and medical care, and subsidized drugs, and renters' assistance, and so on. The media's exaggerated reports on the plight of the old, and the disabilities of older people, and the inadequate housing for the old, do tend to convince us finally that we are to be pitied, that we are deprived.

That's why I'm so enthusiastic about the federal New Horizons programme which gives a great many old people a marvellous chance to go on and do something for themselves. The amount of volunteer work that's gone into a lot of the New Horizons projects has really more than doubled the money – it's provided an enormous number of needed facilities, but it's also done so much for the health of old people who had skills and enthusiasm – they have been given a purpose in life and something useful to do – a reason to get up in the morning – and it's really produced a great improvement in their physical and mental health. I'm sure that it's more than paid for itself from a health point of view, apart from any other, because retired old people do need to be involved in something useful.

Of course, many of them would like work that would supplement their incomes, because the value of work is estimated by the amount of money that it brings in – there is no reason why they should do it as volunteers. The idea of the large multipurpose cooperative – I don't know whether it occurs in Canada, I haven't heard of one – I think would be absolutely marvellous, run by old people for old people. I don't know how feasible it is – but as Dr. Davy was telling us, there are a good many affluent old people in Alberta who might invest in it. I can think of many departments I'd like to see – I'd like a place where we could buy clothes that would fit us, because we're such a different shape from young people. Clothes that don't have unmanageable zippers up the back – one of the fringe benefits of being married of course is to have someone to zip you up, and when you're widowed ... A place where we could find shoes that are comfortable, and that have safe heels, and that don't look unfashionable. The last shoe store that I went into in Edmonton, they took one look at me when I said what size I wanted, and there wasn't a pair of shoes in the store that would fit me. We would like a place where there was a hairdresser who is an expert in the care of unmanageable old white hair.

But what I would like to see particularly is medical services in a facility for older people, given by doctors who are themselves nearing retiring age, or even senior citizens, who would realize that all the aches and pains in old people are not necessarily due to old age. Doctors who would have time for consultation; and time, above all, to do house calls. House calls to the elderly could make the difference for a good many of them, between institutional long term care of some kind or other, and staying on in their own homes. The old people with congestive heart failure, diabetes, failing vision, and people who have had strokes who are not too badly disabled. A good many of them could live in their own houses if doctors could visit them every two to four weeks, and if they needed blood tests, could take the blood; because for them to get to a hospital facility or clinic on a regular basis, may be almost impossible; the cost of taxis is prohibitive, and most of them have lost their driver's licence by that time.

We want to go on living in our own homes surrounded by familiar things and people, puttering in our own gardens, part of our own community; weaker and slower but not otherwise different from what we were before we were 65. The old person who lives alone is not necessarily lonely – they aren't synonymous. Florida Scott Maxwell, who was a psychologist and author, when she was 93 wrote "I feel most real, most alive when alone. I find silence exquisite. The woman who has a gift for old age is the woman who delights in comfort – if your bed, and your bath, and your best-liked food and drink are regarded as fresh delights, then you know how to thrive when old". But she goes on, "We wonder how much older we have to become and what degree of decay we have to endure. Death feels a friend because it will release us from the deterioration of which we cannot see the end. It's waiting for death that wears us down and the distaste for what we may become".

This of course is the real problem of aging because no amount of self-determination will save us ultimately from the deterioration of old age. Modern medical improvements have delayed for a great many people, by at least 10 years, the deterioration of old age, but the old old, those who are over 80, are becoming an increasing proportion of us. Many who are becoming frail still try to remain independent in their own homes, with help from friends and family, and Meals on Wheels and home care, and this is why I was interested to find so many of you interested in this field which is so important. But though there seems to be no difficulty in getting all kinds of counselling and advice, it's difficult to hire help to do the heavy work – washing the outsides of the windows, washing walls, cleaning the oven, wax stripping the floors, and so on. Many old women fear that if the house looks dirty, some social worker will come along and insist on moving them into a nursing home. I find it very disconcerting that the senior citizens' apartment block into which I suppose I will have to move when I can no longer care for my house and garden, is being built at the top of a hill, about half a mile from the restaurants, the stores, the movies and the senior citizens drop-in centre. Now I protested this vehemently, because when I retire to an apartment, I'm not going to be able to carry the groceries home half a mile, uphill. If I could I wouldn't be leaving my own home. I think the town planning ought to have thought of this problem long ago – I'm told that there is no available land within a few blocks of the senior citizens drop-in centre, it's all residential property.

I think that we should have a senior citizen co-opted onto every town council so that they can watch out for the interests of old people before a situation like this arises. A number of old people are forced into lodges or nursing homes who could manage an apartment if these were being planned in better places.

Of course, you know more than I do about the really deprived old people who lack adequate housing and sufficient money to live decently – the old people whose pensions have been inadequate in the first place, or haven't been indexed to the cost of living and have lost a great deal of their value. The final scene, when we can no longer care for ourselves, is what we fear the most – when it becomes necessary for us to move on account of frailty or disability, or when we've had to go into an active treatment hospital. It shouldn't be legally possible for relatives to dispose of our homes and belongings without our knowledge and consent, even though they're sure they're doing what is best for us. But when we finally do become residents of nursing homes please don't talk to us as though we are in our second childhood – and don't for heaven's sakes call me "granny" – I have 25 grandchildren and 21 great grandchildren but none of them call me granny – and I don't want some strange young woman that I don't know calling me granny – and thinking she is being sympathetic to my old age. Please don't treat us with sleeping pills and please don't do things for us that we could do for ourselves. A great deal of the disability in long term care is because the staff has so much work to get through, so many old people to feed, and clean and care for, that they didn't have time to wait while the old did something slowly for themselves. They have become physically and mentally disabled as a result of that kind treatment, far worse than if they were living alone at home, with the aid of Meals on Wheels and family assistance, and friends going in. I know a number of retired nurses, and nurses who are now raising families, who are working nights; or in auxiliary hospitals and nursing homes and so on; and so many of them tell me that they don't have time to visit with the patients, to sit down and talk to them. Patients, when they're old, have outlived all their family and friends. I remember my father, when he was in his 90's saying that his funeral clothes were being kept well-brushed because it seemed as though everybody he knew was dying off. When all your friends have died, you begin to feel really old. People whose native language is not English, who are, I understand, 40% of the old people in Alberta, when they get into nursing homes, long term care, are socially isolated not only by the fact that they have no longer any friends who can visit them, but also by the fact that they can't even talk to the nurses or the woman who is cleaning the room. This is most important I think, and this is why I was talking to the people from the Society for the Retired and Semi-retired, because if they can arrange the visiting by people of the same language of the very old in long term care, they will be doing an enormous amount to keep them still with us mentally.

Twenty-five percent of those over 80 can be expected sooner or later to become emotionally disturbed or suffer senile dementia. Patients developing mental problems are a major difficulty in nursing homes, because shouting and swearing, and stealing, and hoarding, and spitting, and grimacing are very upsetting to other patients. There was a study done recently in Lethbridge Auxiliary Hospital by Donna Lynn Smith. She studied 45 behaviourly disturbed elderly patients, most of them over 69, and the oldest 95. Their behaviour included striking out at other patients or the staff, refusing care or medication, interfering with the privacy or possessions of others, and attempting suicide. The treatment involved a behaviour management plan for each patient and an increased purposeful interaction between the staff and the patients. There was no expectation that any of the 45 would be fit for discharge but actually within the year, 14 of the 45 were able to be discharged to lodges or nursing homes, and a further 9 of them improved – and that's over 50% of the 45. The special care programme for these 45 required the services of two registered nurses and three therapy aides as well as the psychologist. One cannot help wondering whether the increase in the number of nurses and aides before the patients had become disturbed might not have prevented much of the deterioration in the first place.

Human contact and loving kindness is just as vital for the very old as for the very young. Some of you will remember Dr. Bowlby's work in the 1940's, I think, about mental retardation in babies who had been given good physical care but no human care in long term hospitalization in extremely early years. The Hospital Employees Union in British Columbia staged a one-day strike last year fighting for enough time to treat geriatric residents as human beings. Outreach visiting from Senior Citizens Centres to old patients in long term care, who have not other visitors might be a solution.

Whatsoever ye would that men should do to you, do ye even so to them.

Panelist's Response: Ethel Marliss

My assignment was to respond to the very impressive and academic keynote address which Dr. Grant Davy never really presented in full. After a great deal of dictionary reading, and soul searching, I realized that I was not an authority on advocacy, and self-determination can be interpreted subjectively by anyone. This left me in a quandary about what exactly I should say. Then I remembered a favorite cliché in our house. When I was much younger, every time I had to go out to speak in public, and I did a great deal of voluntary speaking in my younger days . . . my sons would say, "Never mind mom, the worst that could happen is that you'd turn out to be a horrible example."

Right now, because I have graduated from being a volunteer, I hope that you will consider me a good example, instead of a horrible one. Now, as I am rapidly approaching my 70th birthday, I am being very well paid for the same kind of work that I did as a volunteer for 25 years, and I find that people are even more anxious to hear what I have to say. Mark this down... You acquire a certain extra dignity when someone is willing to pay for your services. And this is true, no matter what you do. When I worked as a volunteer, I had a good deal of personal gratification, and a lot of expenses... my expenses, which I paid for.

At CBC we have Peggy Holmes, who at 84 is an inspiring example. She broadcasts regularly for CBC and CKUA. She has written a successful book, and she is in great demand as a public speaker. But most important, both she and I have a special reason for living... and we meet a great many people. As we grow older it is most important that we should make friends, and have friends around us.

I'm grateful that there are so many young people around me. They are more fun, and they help to keep me thinking "young".

So much for preamble.

As we grow older, we may tend to be a little more critical and more demanding. That is why it is a very good exercise to take time to count our blessings. Here in Alberta, there are many services offered to senior citizens that were not available in my grandmother's time. It's rather comforting to know that in the fulness of time, if the need arises, we can have all those little extras to replace the worn out parts – the dentures, eyeglasses, and hearing aids, and God forbid, protheses. These are all available to us free of charge, thanks to the work that was done by those ahead of us.

Some of you may remember, as I do, the days before medicare, and even the days before MSI. I recall, when I was a young child, that my grandmother died of cancer. My Mother, her two sisters and two brothers undertook to pay the doctor and the hospital, for that long period when grandma was in hospital. For years, week after week, my mother would put a dollar into the envelope and send it to Montreal to pay that debt. There were times when that dollar was very difficult to spare.

This is something that the younger generation has been saved from. We don't think about that aspect. We only think about what should be done for the elderly. But do you realize what a saving it is for the younger generation who no longer have to bear the heavy burden of caring for their parents? The guaranteed income supplement and Old Age Pension is something else that relieves young people of a responsibility and a burden that was born by their parents.

I think that we've done a poor selling job to the community because we talk only about the needs of the elderly. We should be pointing out more often that the people who are ten years behind us, are going to be in our shoes tomorrow. The younger ones will be there the day after tomorrow. What we accomplish for the elderly today will be available for those who come after us.

Marliss

I'm deliberately going to cut back on a lot of things that I wanted to say, because I want to offer some of my own personal feelings on a subject that I feel very strongly about.

On the subject of self-determination, I feel very strongly that we should start long before people reach maturity, to train them for those coming years. There is much very important information that everyone should have, and should use.

Number one on my list, is a positive attitude about health care. We should have a great deal more emphasis on how to be healthy, and how to stay healthy. We spend altogether too much time in dealing with illness, and not nearly enough time on learning how to prevent it.

There was a strong effort, at the beginning of the participaction program, but except for the periodic spurt of enthusiasm for marathon runners, and the development of those who are candidates for professional sport, the rest of us remain as more or less enthusiastic spectators. Physical activity is important, but we also need to know a great deal more about nutrition, and the basic needs of our bodies.

Advertisers of highly processed foods spend a great deal of effort and money to persuade us to buy and consume their products. Then we take a few extra vitamin pills "for insurance" and buy millions of dollars' worth of laxatives.

Second on my list is the need for more training in money management. We spend a lifetime trying to earn a living... Then we don't know what to do with that "living" when we've earned it. Throughout our more productive years, we get very little training in how to manage the money we earn. We are constantly being persuaded to spend, spend, spend. But there is comparatively little training in how to effectively plan for our aging years. The Old Age Pension and the Canada Pension are wonder cushions to lean on, and some people have private pensions as well. But even ten years ago, I wonder how many of us dreamed that inflation would erode our savings so that our dollar would only buy us fifty cents worth of goods.

We talk a lot these days, about people who are deprived, or in dire straits. Some of these people are deprived, because they never learned how to manage their money, or how to make their money work for them.

Recently, at a course at the University of Alberta, I talked to seniors about money management. It is too late to talk to them about how to manage their money during their most productive years, but even as we reach retirement, we need to have a lot more training in how to manage our money, and how to deal with the left curves that our government throws us every so often.

That last budget is going to make it difficult for people who have been setting aside money in deferred annuities. Most of you know about annuities, which are usually bought with money accumulated in R.R.S.P. savings. These will pay a set pension for the lifetime of the annuitant. But most people like to have a little discretionary money to use for emergencies. And the deferred annuity would allow you to set aside a fund, which would earn interest, and which would be compounded until the time when it is needed. In the past one could withdraw funds and pay income tax on the amount of interest that had accrued. The government had already received the income tax on the principle.

But now, anyone who had deferred annuities, must pay income tax on the total amount of interest earned every three years, whether they withdraw the money or not. Can you picture how this will affect a farmer who has worked all his life for very little returns, but at last has been able to sell the farm, for a substantial amount because of the value of the land. It means that 50% of his interest earnings will go straight to Revenue Canada.

This particular clause in the Budget is throwing a lot of older people for a loop. Some of them are not elderly, some of them are just getting there. They have been saving a little at a time, and trying to put aside something into a deferred annuity, so that when the day comes that they want to take a trip, the money will be available. Or perhaps they have been putting aside some extra money, so that they won't have to go into a lodge or a nursing home in their later years. They will have enough money to be able to pay someone to look after them in their own homes.

This new tax law will hurt the rich, and those who are not so rich. It is going to make it very difficult for a lot of middle income people who had counted on this kind of investment. I don't hear too much complaint, because I believe that many people are simply not aware of what will happen to them a couple of years from now.

There was enough protest so that it is now permissable for sports stars to have income averaging annuities. But what about all those other people who are not in the public limelight. We should be banding together to protest the injustice.

Another example came to my attention the other day. A friend of mine who was nearing retirement, bought herself a condominium in Vancouver, because she wanted to retire there. She had a home in Edmonton that was all paid for. But in the interval, until her retirement, she rented the condominium. Finally, she sold her house in Edmonton, and she had no capital gains tax to pay, because it was her personal residence. Now, her personal residence would be in Vancouver. But before she could move into her apartment, the law called it "deemed disposition" and she had to pay capital gains tax on the increase in the value of that apartment from the day she purchased it, until she was ready to move in.

We must become interested in the legal aspects of every move we make. And you don't have to be very wealthy to be involved in a similar situation. The average person would be aware of capital gains on property, but would assume that tax would apply at the time of the sale of the property. But this business of deemed disposition can occur at a most inopportune time.

How many people are aware that we have laws in this country that will make very very sure that you don't take too much away with you?

That R.R.S.P. is great. We all deduct the R.R.S.P.'s from our taxable income, and that is just lovely. Then comes the day when you're 65, or 71, if you like, and if you're not very alert, and you don't know what to look for, or how to manage... you might lose an awful lot of that money that you have been saving for so long.

At that time, at age 65, you can take out the money over a six year period, and pay the income tax on it, every year, or you can buy an annuity, and pay income tax on the money as you receive it. Whatever you do, and I can't say this too often... if you want to do business with a friendly investment counsellor, don't invite them to come into your home, and sit at your kitchen table. If you want to do business, go to their office. There is something very disarming about doing business at your own kitchen table. It is difficult to say no, or even to say that you want to think about it. In an office it is easier to leave without making an instant decision. When you are making a decision that concerns your entire savings, you need to do a lot of comparative shopping.

One more point, before my time is up. As you approach those Golden years, it is time to think about yourself. That old traditional instinct to be concerned about the welfare of the family, and to try so hard to leave them a substantial legacy, is now out-of-date. We have all known people who have done without necessities because they wanted to leave something for the children. When we have raised the children, made it possible for them to get a good education, and some training, then it is time that they should look after themselves. While you can still enjoy the fruits of your own labours, then you have a right to travel, or live graciously, or do anything that pleases you.

I have a story to tell you that illustrates very clearly what I want you to remember. A man who had worked hard all his life, at age 60, had managed to completely pay for his home, and was earning a nice wage which he hoped would ensure a comfortable retirement for himself and his wife. His son, aged 35 decided that he wanted to go into business for himself, and in addition to his own assets, he required an extra $50,000. The bank said that they would loan him the money, if his father would put up the fully-paid house as collateral. The father signed the note for the bank, and a year later when the business collapsed, the son went out and got himself a job... but the father at age 60 was left with a $50,000 mortgage to pay off at 19% interest.

I have been told that this story is repeated with variations every day. It doesn't matter so much if the parents have a lot of money and can afford a substantial loss. But, all too often, parents will sign notes with their children, without realizing the full implications of the risk.

I hope that we'll have an opportunity during the discussions to talk about such things. We are all extremely vulnerable, and we need the kind of information that will help to protect us from disasters.

Panelist's Response: Hazel McDonald

We are, indeed, a heterogeneous group at this Symposium on Aging for we come from many professional backgrounds, from all ages of adults, and from miscellaneous biases. We are as diverse as the senior group itself for we are all individuals, no matter how the years add up. However, *age is the one thing we all share*. It should bind us together. The following is some macabre humor which appeared a few years ago in Esquire and contains a decisive punch line:

> Face it, Americans hate old people because old people in America are eminently hateful. They whine, intrude, make you feel guilty, pretend they're senile, wear blue hair... Accordingly, younger Americans retaliate by creating detention centres like nursing homes and Miami Beach to get the old out of sight. This is for now a splendid solution. But there are many more young people today than ever before, which means there will be a God-awful number of old people in a few years. And what's even more awful is that one of them will be you.

So much for demographics.

Being old has its trials, its triumphs, its frustrations and its satisfactions, and as you all know the great misnomer of our time is the "golden years". But though it isn't all gold, neither is it all silver, but neither is it all lead.

There are a couple of things about being old that "bug" me. More precisely in the vernacular of the day, they drive me "Bananas", they drive me *nuts*, particularly the perpetuated myth that because I am old, I am *witless*. That one misconception should make advocates of every senior in this country for if my cohort group never does anything else, it must dispel this myth, part of the foundation for Robert Butler's term, "Ageism". Never, absolutely never, let any politician, any professional, any bureaucrat, or anyone at all categorize you as having no past, no participatory rights in the present, and a person with no future. These grey hairs and wrinkles cost a lot of time and money.

My other "bananas" subject is/are trifocals. I'll spare you the parallel about sending a man to the moon... I hope there is an inventor in the crowd.

If advocacy means the same to all people, i.e. the act of speaking on someone's behalf, then we might explore some wild, imaginative possibilities of strategy and organization. Let us begin with the most outrageous.

1. Let's form our own political party. And why not! Everyone else is!
2. Let's support a particular political party. This is not quite so far out as the first, provided we can find a party to champion our cause.
3. Let's support a particular political principle that aids seniors to attain a fair deal out of budgets and services.
4. Let's form coalitions with other deprived groups.

Can you savour the power one of these strategies might give us?

Take a look at senior power. We really don't have much in actual numbers. We make up about 7% to 8% of Alberta's population and demographic forecasts don't indicate much change in the percentage if migration continues the same as recent figures. Our voting power at elections is roughly 12% of the provincial vote and that's a ball park figure, but it is very small for any influence, and power holders don't hand over their power to deprived groups. The power groups in our Province are big business, the professions and labor, and the latter are not totally organized. So what do we need? A Saul Alinsky to organize us? Coalitions are likely the best we can hope for.

A strange absence of influential older persons abounds in the senior movement. We are not championed by older people who have had prestigious political, economic or professional careers, at least I have trouble finding any Bud McDougalds or Bronfmans, or Sinclairs, or E.P.Taylors, or even an Ernest Manning. Do you ever ponder this absence?

One of the most effective advocacy groups is/are the Gray Panthers in the United States. I hope I am not going to get that old "chestnut" thrown at me about American models. Remember, in the United States there are as many senior people as we can muster for a total population, so I believe they have useful experience. The Panthers developed from a group of six in the early seventies and they now have a national network with local chapters across the country, and their organization is now a coalition with youth. Their strength came from dynamic leadership and dedicated volunteers who stood up and were counted, and the same strengths still continue. They are financed by donations and fees for lectures.

Gray Panther, Maggie Kuhn, writes:

> Efforts must be made to raise the consciousness of powerful old people so that they will identify with their peers, begin to acknowledge their own age and close ranks with the rest of us.
>
> Models and methods must be devised to give older Americans points of entry to the places where decisions are made that influence and mold public policy.

She further states that their movement is beyond the "Senior Power" view as special pleaders for the cause of old people; that the Panthers want to work as advocates for the larger public good as public citizens and says, "we are finding and perfecting ways of using our experience as leverages for constructive social change and advocacy."

Maggie abhors the *Golden* syndrome and says: "They trivialize old age assuming that all that people want to do in their old age is play," and then she asks, "How does this prepare anyone to deal with the angst that is within all of us about growing old..... not having enough money, having a crippling disease..." Remember, this is the lady who coined the expression, "wrinkled babies in their playpens".

I personally am a member of the Panthers and read their newspaper with great relish. Some of you will remember Maggie Kuhn as guest speaker in this very building a few years ago.

I want to add my personal support, as well as agency support, to the great need for ombudsman services in the advocacy movement for the elderly people. As far back as 1977 Dr. Ivany requested that ombudsman jurisdiction be altered to allow that office to act on behalf of the aged and infirm confined in nursing homes, and in his annual report, referred to these citizens as the *voiceless* in our society. In the United States there is an ombudsman's office in almost every state with a hotline. Though often presented in Alberta, a similar proposal is always thwarted by our Provincial Government. In Alberta, there is no appeal system for the elderly, that has any clout.

I want to speak about the Alberta Council on Aging. When I first became the President of the A.C.A. it was a newly funded organization, though the nucleus of the Council had been established several years before. It has endeavored to act as advocate for seniors at a Provincial level, a difficult task with such a far-flung territory. I arrived on the scene the first year the Council received its Provincial grant. Later on we hired a young, enthusiastic, vigorous director and a girl Friday. Our new director had lots of innovative ideas and strong administrative ability, so that we made our name known, especially through our paper. However, we were always at the mercy of the budget for increased services and staffing for a growing agency, and thus guarded in our attack on questionable policies or services.

Alternate funding seems the obvious choice in order to avoid government control, real or implied, but then the agency becomes a fund-raiser with most of its energy directed to funding. I bring out these points, not because of ungrateful avarice, but because of the vulnerable position an advocacy organization may find itself in. I know of no senior organization which is free of this kind of dominance, and the condition becomes much like the old joke of bare-foot and pregnant. I continue to wonder at the lack of increase in budgets to accommodate the obviously fast-growing senior organizations.

I have not talked about the British system because I have insufficient knowledge, and I hope some one in our workshop can tell us more. However, it would appear that within the British system of social services, health care and housing much advocacy is built in.

Self-determination should include the responsibility of older people to promote their image, to destroy the stereotypes and to achieve self-satisfaction and pride. All of us should feel and should be useful to the end of our lives. Our advocacy should develop as we age to envelop the problems of all deprived individuals, to be the "elders of the tribe" and assume our proper place of responsibility and respectability.

Older people should and must learn how the system works and then work at it.

And so I conclude.

> Cast me not off in the time of old age;
> forsake me not when my strength fails.
>
> Psalm 71.9

Summary of Discussion Groups

Professor Grant Davy reviewed some of the issues in his paper, suggesting the need for an Office of the Older People's Advocate. This office would seek to persuade the government to develop the best possible programs and services for older people, but not duplicate the role of the Ombudsman in seeking the redress of grievances.

Responses were heard from four panelists. Margery Boyce of Charlottetown, P.E.I., spoke from her experience in the Ottawa Senior Citizens Council, while Dr. Mary Percy Jackson of Keg River, Alberta, spoke of her own concerns for the basic necessities of life in the northern rural areas. Ethel Marliss of Edmonton brought insights from her work as a consumer commentator, while Hazel McDonald of Calgary spoke out of her background, which includes a term as President of the Alberta Council on Aging.

Most of the discussion time dealt with Advocacy rather than Self-Determination. Some time was spent in one group on the role of the Public Guardian. Most of the participants in this workshop were employed in positions in which they have to periodically take an advocacy or ombudsman role on behalf of seniors, and they were concerned about the difficulties which face anyone trying to change the system. Often results can be secured quickly if one knows the right person to contact, but how to find the right person? Many people are not served by our society as they should be, and we are concerned to find a way that all can enjoy equal benefits.

The following four resolutions were approved:

1. *Whereas* the members of the Advocacy Section of the Symposium appreciate the time, effort, leadership and expense involved in the event, and believe that the deliberations must be assured of follow-up by the community as well as the government;

   Be it resolved that the Alberta government establish an Action Committee to ensure that the results of this Symposium are given appropriate study and action.

2. *Whereas* the experience of persons participating in the Advocacy section of the Symposium on Aging is that there is great need for an advocacy service for older persons in Alberta;

   Be it resolved that the Alberta Council on Aging be encouraged to convene a task force of representatives from such groups as the Alberta Council On Aging, Senior Citizens Advisory Council, Alberta Association On Gerontology, Pensioners Concerned (Alberta Division), National Pensioners and Senior Citizens Association and other provincial organizations, to further explore the role of an Advocate for older persons bringing a recommendation to the government for suitable action;

   and further, that the Senior Citizens Bureau be asked to approve an appropriate grant to meet the costs of this task force.

3. *Whereas* an Alberta committee has recommended to the Alberta Government the founding of an Institute on Gerontology;

   and whereas, there apparently has been no action towards the approval of this recommendation;

   Be it resolved that this symposium strongly urge the Government of Alberta to give immediate approval to the formation of the Institute on Gerontology.

4. *Whereas* most of the participants in the Advocacy section of this Symposium were unaware of

the possibility of citizens and groups making presentations of their concerns to the Alberta Senior Citizens Advisory Council, and there is a lack of understanding of the role of the Council as a representative of seniors in Alberta,

Be it resolved that the Alberta Senior Citizens Advisory Council be encouraged to hold a series of open meetings in various communities around the Province so that groups and individuals could make presentations of their concerns and learn of the role of the Council.

The following two resolutions were brought forward by members of the section but did not receive formal endorsement:

Whereas the Alberta Housing Corporation has built many senior citizens apartments throughout Alberta which are greatly appreciated by the residents and the community,

and whereas the major complaint heard by persons in the Advocacy section is that there is seldom sufficient space provided for social and recreational activities of the residents and their friends,

Be it resolved that this Symposium urge the Alberta Housing Corporation to set a high priority on the provision of more adequate social and recreational space in new apartments, and the addition of space or renovation of space in existing buildings.

Whereas there is a perceived need for housing for senior citizens involving two or more aspects of lodge, nursing home, senior citizens apartments, social and recreation centre, community service offices, etc.,

Be it resolved that this Symposium urge the Alberta Departments of Social Services and Community Health, Housing and Public Works and Hospitals and Medical Care to quickly support local groups which are seeking approval of such new models.

In one discussion group, considerable time was spent on the issue of Guardianship. The Public Guardian discussed the Dependent Adults Act and its implication for advocacy for the elderly. Currently the office of the Public Guardian is looking for support from organizations throughout Alberta to develop local, regional or provincial initiatives which would encourage voluntary advocacy in this area.

E. OPPORTUNITIES IN RETIREMENT

Keynote Speech: Harry Moody

Let me begin with a story about the Middle Eastern folk hero, Mulla Nasr Edin.

> One evening Mulla Nasr Edin was found by a friend crawling around under a street lamp outside his house. "Mulla," asked the friend, "what are you looking for?" "I lost my housekey," he replied. "Where did you lose it?" inquired his friend. "Over there in the doorway," answered Mulla. "Then why are you looking for it out here under the street lamp?" "Oh, there's so much more light out here," replied the Mulla.

There is a dawning recognition today that, over the next generation, the growth of the aged population in Canada and the United States will confront our North American societies with an unprecedented demographic transition. I speak of a transition to a society with zero population growth and with a very large aging population. Here, in Alberta in the midst of an economic boom, planners are peering ahead to a time when even the Canadian frontier will confront an aging population whose problems will rush upon us like a Chinook wind that sweeps down from the Rocky Mountains. It is a transition that need be disturbing only if we fail to prepare for it. The Chinook wind is a warm wind, and the transition to an aging population can open up new historical possibilities – frontiers of discovery – that we have not yet dreamed of. Like the contraction of space and time over the entire planet, our transition to an aging society is both a closure and a new beginning: a growth of the human spirit beyond past possibilities. If only we know where to look for it. This is the theme of my presentation today.

A generation ago Teilhard de Chardin described this unfolding evolutionary process in a vision of cosmic optimism whose symbol is the mingling of peoples from every corner of the globe, converging together on a single, transcendent destiny: the *Omega Point*, a final consummation which is both the end and the beginning of the human journey.[14] This spiritual consummation of the *Omega Point* – a dream that haunts our species – only becomes an actual historical possibility at that stage of human history when technology brings us to the very limit of unification by *outward* expansion. Jet travel, satellites, inter-continental communications complete the process, as every corner of the globe is reached. But the *Omega Point* – the unity of mankind – will arise only by an *inner* expansion once the outer unification is complete. The outer expansion is the process of discovery that brought our ancestors to the shores of North America in the 16th and 17th centuries.

Here, in Alberta, on the Canadian frontier, on the rim of the Northern hemisphere, we are watching the crest of that wave of geographic expansion, begun four centuries ago, now reaching its high water mark, on the plains and mountains, in the oil boom, in the migration of peoples from East to West. This expansion in space has its counterpart in the expansion of time: the growth of life-expectancy in the 20th century. We are witnessing, in our own lifetime, what Robert Butler calls the "triumph of survivorship" – unprecedented in human history – when at last the bulk of the population can realistically hope to live out a full lifespan to experience old age.

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[14] Pierre Teilhard de Chardin's depiction of the emergence of a planetary "Hyperpersonal Consciousness" appears in his major work, *The Phenomenon of Man* (trans. Bernard Wall, New York, 1959). The cinematic version of the image is at the center of Arther C. Clarke and Stanley Kubrick's film *2001*. The mystical idea is that psychological growth must be trans-personal in its highest stages, and an echo of this appears in the gerontological literature through psychologist Robert Peck's polarity of ego-preoccupation versus ego-transcendence as the fundamental duality of psychic development in old age. For a more "mainstream" account of these ideas, see, Vivian Clayton, "Erikson's Theory of Human Development as it Applies to the Aged: Wisdom as Contradictive Cognition," *Human Development* , 18, 1975, pp.119-128, and Andrew William McCulloch, "What Do we Mean by 'Development' in Old Age?" *Ageing and Society*, 1:2, July, 1981, pp.229-245.

But here the culture of expansion, growth, dynamic change – that wave of energy extending into space and time – collides against a natural limit.[15] Just as the geographic expansion in space finally brings us up against the limits of our environment – pollution, overpopulation, depletion of natural resources – so too the expansion in time, in life expectancy, brings us up against another form of finitude, a natural upper boundary of human mortality and death. It is this boundary of old age that at last the population will confront and cope with. Still worse, we remember the dismal verdict on old pronounced by the poet W.B. Yeats not long before his death: "Life," he said, "is a preparation for something that never happens."

The fact of the matter is that old age, the last stage of the human life cycle, is out of step with the mood of expansion, growth, dynamic change. And so we have two choices, two possibilities, that confront us when we contemplate the future of an aging society. The first possibility: that life is sheer movement, a journey to nowhere, a preparation for something that never happens. And the second: the *Omega Point*, a condition where the outer circle is completed and the great age of exploration turns inward. In the words of T.S. Eliot in the *Four Quartets*: [16]

We shall not cease exploring
And the end of all our exploring
Will be to arrive where we started
And know the place for the first time.

I have stated already one of the essential points of my argument today. The cultural domain of our post-industrial society is dominated by the culture of modernism. Beginning in the avant-garde art forms of this century, the culture of modernism has spilled outward and shaped the films, novels, advertising, popular music, and even the language in which we discuss lifestyles and the most basic values of life. More than growth, expansion, and dynamic change, the culture of modernity brings an augmentation, if not glorification of the self combined with a corrosive questioning of all universal value judgments. Self-realization, the affirmation that the individual self is the source and final judge on all questions of values, becomes a fundamental right, even a criterion for personal authenticity. Self-assertion, "looking out for number one" (me), a lingering suspicion of lifelong commitments, in short, what Christopher Lasch called "the culture of Narcissism:" these are the hallmarks of our epoch.[17]

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[15] The "limits of growth" thesis is hardly original with me nor entirely coincident with public awareness of ecological limits over the last decade. Compare Lewis Mumford's *The Condition of Man* (New York, 1944), "The End of Expansion" and "Close of the World Frontier" in Chapter XI of that work.

[16] Eliot's *Four Quartets* is the *locus classicus* in modern poetry for this treatment of the dialectical relation between growth and finitude in old age. Eliot's own "life-review" concludes with a vision of inner exploration as the culmination of the life course. The vision owes its inspiration to Chrstian and Neoplatonic mysticism and constitutes Eliot's repudiation of central canons in the culture of modernism, a modernism that he himself had significantly advanced in his earlier poetic career. For an excellent treatment of this theme, see Kathleen Woodward, *At Last, the Real Distinguished Thing: Late Poems of Eliot, Pound, Stevens, and Williams* (Ohio State Univ. Press, 1980), an important contribution to the largely unexamined problem of "late style" in relation to human aging.

[17] Lasch's work *The Culture of Narcissism* contains an explicit treatment of the tension between old

The culture of modernity emphasizes change, novelty, and the fluidity of personal choices. In the image of "Protean man," choices are forever open, unconstrained, and identity formation is a lifelong process: the fountain of perpetual adolescence. The culture of modernity defines itself in opposition to the past, to tradition, to fixed boundaries of all kinds. The culture of modernity is distinctly uncomfortable with old age as an existential reality – the reality of limits, finality, our one and only life-cycle. And because our culture is uncomfortable with these realities, society at large tends to deny or disparage values that previously assured the elderly some measure of meaning or dignity: religion, patriotism, the validity of wisdom earned by life experience, and the enduring appreciation of past institutions and achievements. "All that is solid melts into the air" and, as the social fabric unravels in favor of individual self-realization, the negative image of old age becomes more difficult to bear.

"Modernity" as a cultural style is intrinically antagonistic to the natural values of old age, and so old age appears to us more and more as a "problem". Our typical solution to this problem is, first, to deny its reality – to insist that *I* am not aging (dye your hair, have your face lifted, keep busy, learn new things). But the triumph of survivorship makes huge numbers of old people visible in our midst. We cannot deny their existence, and yet we are haunted by the fact: *they have nothing to do.* "Life is a preparation for something that never happens.".

And so when we finally stop denying the collective reality of aging, our first impulse is to define aging as a social "problem" and come up with the obvious solution: *to find something for the old people to do.*[18] In Western societies, the prevailing approach has been the "liberal" stance demanding intervention by the welfare: nursing homes, senior centers, social programs, and all the rest. But with the fiscal crisis of the welfare state – now alarmingly advanced in western societies – the old-style, liberal approach is increasingly under attack: there's not enough money to pay for it. Instead, both neo-conservatives and advocates for the elderly themselves are rejecting the liberal welfare state approach in favor of real *participation* in society ("something for the old people to do"). Both liberals and conservatives, strangely, agree on this: the solution to the "problem" of aging is to be found in the economy – in putting the old people back to work. And so, by the prod of inflation and the attack on mandatory retirement, a policy begins to take effect.

Putting the old people back to work: what an obvious solution. Conservatives will endorse it because it means letting people take care of themselves, instead of collecting inter-generational transfer payments. Self-help, productivity, that old-time religion of economics. The liberals will endorse jobs for the old folks as a means of providing greater economic opportunity: another blow against age-discrimination, stereotyping, denial of equality.

Little by little, we begin to see the formation of a policy conensus to promote labor force participation by older people and to reverse a decades-old trend toward early retirement. Pushing back or abolishing mandatory retirement removes some barriers; continuing high rates of inflation nudge those nearing retirement to stay in the work force a little longer.

Then, too, we should not forget the "trickle down" force of changes in opinion in elite circles and in the media. Advocates for the elderly – who now find a more receptive hearing in the media – sometimes speak as if continued gainful employment is the *only* way to achieve a valued role in society. "Disengagement" from work – largely discredited by the gerontologists as a desirable goal –

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[17](cont'd)age and the culture of modernity. I have also drawn on Hannah Arendt, *The Human Condition* (Chicago, 1958) and Philip Rieff, *Fellow Teachers* (New York, 1973). A similar argument, on the psychodynamic level, appears in Robert Jay Lifton (*Protean Man*). For a recent contribution to the anti-modernist theme, see Marshall Berman, *All That is Solid Melts Into Air: The Experience of Modernity* (Simon and Schuster, 1982) and Peter Berger, *Facing Up to Modernity* (Penguin, 1979).

[18] Finding something for people to "do" expresses the modernist priority of "doing" over "being," or the active over the contemplative life. For the definitive treatment of the modern origins of the *vita activa*, see Arendt, *The Human Condition*.

becomes tantamount to loss of personal identity. The argument against retirement and in favor of participation appeals in turn to those persons with high intrinsic job satisfaction – college professors, journalists, executives, professionals – who proudly proclaim that they never intend to retire, or, if they leave formal employment, plan to embark on still greater heights of activity and achievement.

Within a generation (or is it less?) virginity at marriage has gone from being publicly proclaimed as a virtue to being a source of shame, just as, under the influence of Women's Liberation, being a housewife has become a source of embarrassment in some circles. Will it be long before the climate of opinion begins to regard retirement in the same way? Gerontologists and elite opinion leaders already begin to see retirement that way, and the "trickle down" of public opinion begins to take shape. When combined with the policy consensus of liberals and conservatives who both favor – for different reasons – putting the old folks back to work, we see that a solution is at hand. Not the Omega Point, maybe, but in a world where personal identity depends on occupational role, perhaps the best we can hope for.

Before we book reserved seats on this bandwagon of full employment for the elderly, we had best look a little more closely. The policy of promoting greater labor force participation by older people has much to recommend it, and the cultural critique of disengagement as a theory and practice of aging is equally appealing. But the concept as a whole – putting the old folks back to work – harkens back to a pre-industrial past, not to the post-industrial society of the future. Advocates for lifelong laboring love to invoke with nostalgia the ma-and-pa family farm of yesteryear. You all know the script. In the good old days (i.e., before mandatory retirement) ma-and-pa lived happily on the family farm working with gusto on the hills of the Caucasus or Vilcabamba or Alberta or wherever it is that they live to be 140 years old. [19] They lived and worked until they cheerfully dropped in their tracks, like Oliver Wendell Holmes wonderful one-horse shay, that lasted a hundred years and a day, and then fell apart all at once. One-horse shay or not, we do know that they eventually dropped dead of overwork (the unpleasant side of our pre-industrial Shangri-la) and so there was no problem of work, leisure, and aging. Not until an evil villain named Herr Bismarck enters the play and insists that everyone retire at the magic age of 65. But now, a century after Bismarck, times have changed. Now that the economy demands it, now that gerontology applauds it, now that our legislators approve it, now at last, we can return to Shangri-la; people once again can work until they drop dead.

When the railroad first came into existence, people called it the "iron horse," inevitably describing the future in the language of the past. So, too, we tend to see the great demographic transition – the aging of post-industrial society – through an image of what aging has meant in the past. The nostalgia for Vilcabamba (a past that never was), or for the extended family (today's "natural support system") demands that we learn from that past and separate the myth from the reality. The railroad was *not* an iron horse, and the future of aging in Alberta will not be a recreation of the prairie farm of yesteryear.

There will be changes – probably modest ones – allowing greater flexibility for employment of older persons, but we will not see huge numbers of people in their seventies or eighties continuing in the paid labor force for reasons that are understandable. Please note that I emphasize *paid* – not volunteer or "non-monetized" labor force – a point of some importance to which I shall return. There will be modest changes in labor force participation – because of better health, weakening of mandatory retirement restrictions, and erosion in the real value of private pensions and savings in an inflationary economy. But these modest gains will not fundamentally affect the enormous size and scale of the demographic transition nor its attendant human problems. The greatest rate of growth, as we know, will be in the "old-old" population (those over 75) who, for a variety of reasons, are unlikely candidates for the labor force.

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[19] Of course, it must be acknowledged that there probably is no place where they live or ever lived to be 140. On the original claim, see A. Leaf, "Everyday is a Gift When You Are over 100," *National Geographic* 148 (January, 1973), pp.93-117, and "Getting Old," *Scientific American*, 229 (1973), pp.45-52. For a refutation, see R. Mazess and S. Forman, "Longevity and Age Exaggeration in Vilcabamba," *Journal of Gerontology*, 34 (1979), pp.94-98, and Leaf's own "Statement Regarding the Purported Longevous Peoples of Vilcabamba" in Harold J. Wershow (ed.), *Controversial Issues in Gerontology* (New York, Springer, 1981), pp.25-26.

And do we really expect to have jobs for the old who are to be put to work? Our Western industrialized economies have problems enough absorbing labor. Except in wartime, our economies have muddled through this problem for fifty years or more. Temporary cyclical recessions, long-range technological displacements, larger numbers of women entering the labor force: these are all contributing factors but the problem lies much deeper. Do we really believe, at bottom, that vast numbers of retired persons will enter the labor market looking for work and will find it? If not – and I do not believe it – then we must question how far this "solution" will take us in coping with the great demographic transition that lies ahead.

Here, perhaps the American experience – and failure – is instructive. As Merrell Clark, organizer of the National Council on Careers for Older Americans, put it recently, "One could say, facetiously, 'everyone wants older people to work except employers, unions, government, and older people.'" But Merrell Clark is not quite being facetious here. Is the long term decline in labor force participation among the elderly trying to tell us something? If I may quote another great American philosopher, Hollywood movie-maker Samuel Goldwyn, who said, "If people don't go to see a picture, nobody can stop them." Before Alberta's future generations of old people sign up for lifelong employment, let us ask the simple question: would you want to continue doing the same thing, that is, work until you drop dead? Some of the lucky (?) ones among us, the work-a-holics (perhaps myself included) may answer yes, but this is hardly typical of job satisfaction at large.

Ah ha, the futurologist will reply, what people really want and need is to get away from the "three boxes of life": the automatic, lock-step sequence of education, work, and retirement linked to youth, middle-age, and later life.[20] The lock-step sequence enforces age-segregation, and forces an unhealthy imbalance of education, work, and leisure in each stage of life. And it's true. We work too hard in our middle years. The actual work-week has declined hardly at all since the Second World War. Sebastian de Grazia (*Of Time, Work and Leisure*) reminds us that today we have *less* leisure time compared to average working hours than people did in the Middle Ages (!), when one counts in the holy days, feast days, and so on.[21] The solution? Break up the lock-step sequence, allow children and old people to work a *bit* more (part-time, flex-time, phased retirement and other work-life options). But, more basically, allow people to *reallocate* work, leisure, and learning over the *entire* lifespan depending on individual preference and style.

This very congenial solution – far more humanly appealing than the work-until-you-drop-dead scenario – will not be adopted for the simple reason that it contradicts the basic logic of our economic society: namely, specialization and division of labor. Waxing enthusiastic over isolated individuals who pursue so-called "second careers" will not change the facts of economic life. The hyperbolic expansion of knowledge, the creation of economies based on "knowledge industries,"[22] will only heighten the logic of specialization, making it ever harder for anyone to embark on "second careers," not to speak of special obstacles facing the elderly.

Why do we find this obvious fact so hard to accept? Why do we, in the field of gerontology, continue to speak about "second careers" as if this could actually become a commonplace of our economic life? For a simple reason pointed out by Daniel Bell in *The Coming of Post-Industrial Society*.[23]

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[20] See Richard Bolles' *The Three Boxes of Life* (Ten Speed Press, 1978), which persuasively makes this argument. The new popularity of "life planning" in corporate personnel circles and among specialists in adult counselling indicates the popularity of this "humanistic" approach.

[21] Sebastian de Grazia, *Of Time, Work and Leisure* (Kraus Reprints, 1973).

[22] See Fritz Machlup, *The Production and Distribution of Knowledge in the United States* (American Enterprise Institute, 1972).

[23] Daniel Bell, *The Coming of Post-Industrial Society* (N.Y., Basic Books, 1973) and also *The Cultural*

In that book, Bell argues that the cultural domain of post-industrial society is dominated by the axial value of *self-realization*: the indefinite augmentation of choice and the individual self described earlier in defining the culture of modernity. But, at the same time, the economic domain is dominated by the quite different axial value of *technological efficiency*: maximizing economic productivity. The logic of the cultural domain leads us to "keep our options open" while the logic of the economic domain leads us to specialization and extreme division of labor. Culture and economics, in other words, are pulling us in exactly opposite directions.

The split between the cultural and economic order defines a separation between the private and the public world and goes far in explaining the profound and persistent dissatisfactions that plague our Western societies, despite economic prosperity and cultural openness. A single example will bring my point home. When we think of the price of specialization, we are apt to imagine the auto worker unhappy on the assembly line: an image of Charlie Chaplin in *Modern Times*, the worker who spends his days turning the same bolt over and over again. In fact, the logic of specialization extends to the upper reaches of society as well, as in the case of extremely well-paid lawyers working for prestigious Wall Street law firms. There are many cases of lawyers who spend up to five or ten years – a large proportion of their careers – working on a single anti-trust case, or on a single, highly circumscribed variety of stock offering – so that, should they no longer be employed by that law firm, their skills have become so highly specialized that it becomes difficult to find another job. Those of us in academic life are fully aware of comparable situations in virtually all of the specialized disciplines and sciences. But the point is the process is universal.[24] The demise of the general practitioner in medicine is only an indicator of a more pervasive trend, a trend rooted in the logic of all knowledge industries and post-industrial society as a whole.

Yet our cultural ideology – the belief in the openness and freedom of the self – rebels against this logic, particularly since all these movements toward occupational specialization are, in some sense, self-chosen. We had ourselves built the prison we live in. But then the cultural ideology survives in the form of a romantic dream postponed until later life – retirement, a time when I will, what?? Open up a small business, run a restaurant or ski-lodge, teaching at a college. And so we cherish the hope for "second careers," really the recovery of the Dream of youth. In more utopian terms, we dream of breaking up the three boxes of life and letting people mix up work, leisure and learning as they wish. In this way, not only would we overcome the enforced idleness of the old, but all age-groups would lead a more balanced life. Last but not least we would overcome that universally denounced evil, "age-segregation," and enter into the peacable kingdom of the "age-irrelevant society."[25]

If my argument from Daniel Bell's analysis is correct, then we will not succeed in this noble attempt. The lock-step system may loosen up a bit – young people dropping out of college to work becomes more acceptable, going back to school in middle-age becomes more approved, perhaps versions of flex-time and phrased retirement begin to spread. But none of this changes the basic logic of specialization in post-industrial society, the economic constraints that pull us in a direction utterly opposed to what our culture tells us ought to be our pattern of self-realization.

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[23] (cont'd)*Contradictions of Capitalism* (N.Y., Basic Books, 1976) .

[24] Some implications of the conflict between the urge for psychological growth and the demands of career specializations are documented in Seymour Sarason's *Work, Aging, and Social Change: Professionals and the One Life-One Career Imperative* (New York, Free Press, 1977). The "One Life-One Career" imperative accurately sums up the dilemma faced by highly paid professionals.

[25] The phrase "age-irrelevant society," of course, is Bernice Neugarten's. A statement of her view and its implications for public policy appears in B.L. Neugarten, "Policy for the 1980's: Age or need entitlement?" *National Journal Issues Book* (November, 1979), pp.48-52. In this discussion it is essential to be clear whether we are talking about: (1)the *empirical* claim that society is (in fact) becoming less age-stereotyped in its normative expectancies; (2) the *ethical* claim that such a state of affairs is desirable for some reason or other (e.g., overcoming age-discrimination); (3) the *public policy* proposal that resources (such as health care) be allocated so as not to take account of age for entitlement purposes.

Let me call your attention to a fundamental strategy involved in trying to break up the three boxes of life. Apart from making work, education, and leisure more equitably distributed, apart from overcoming age-segregation, we find the idea appealing because it invites us to uproot the very idea of distinct, sequential life stages – childhood, middle adulthood, old age – each stage with its own distinctive values and developmental tasks. By mixing up work, education and leisure in later life, as in every other stage, we would eliminate any invidious distinction attached to old age. With an activist style, for both work and leisure, we would find that what was once "old age" now becomes an extension of middle-age prolonged even until death. As "activist" aging becomes a new cultural ideal of the "young-old" (aged 65-75 and healthy enough to make it plausible), then breaking up the three boxes of life becomes the most effective strategy of all for *denying old age*. We are back to the basic mood of the culture of modernity after all. The rejection of distinctive life stages, along with any valid separation of age groups, become an article of faith for those who believe we are "young until we die." As one wit put it, aging itself becomes a form of voluntary action. As thanatology becomes the technical means for domesticating death, so gerontology becomes the final ideological expression of the denial of aging.[26]

One of our most eloquent voices – Simone de Beauvoir – in her book, *The Coming of Age*, denounced the widespread tendency toward denial of aging, a refusal to look reality in the face and acknowledge the human condition for what it is. But her answer, paradoxically, reinforces the very denial of aging she denounces. "The only solution," she writes, "I repeat, the *only solution* to the problem of aging in the modern world is:

> to go on pursuing ends that give our existence a meaning – devotion to individuals, to groups or to causes, social, political, intellectual, or creative work. In spite of the moralists opinion to the contrary, in old age we should wish still to have passions strong enough to prevent us turning in upon ourselves ... It is far better not to think about it too much, but to live a fairly committed, fairly justified life so that one may go on in the same path even when all illusions have vanished and one's zeal for life has died away.[27]

Despite its idealism, the despair of this counsel is evident enough. "Going on in the same path", even in despair, cannot be the "only solution" to the problem of aging in the modern world.

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[26] In line with Jurgen Habermas's critique (*The Legitimation Crisis*) one can recognize in the rise of specialized modes of knowledge (thanatology, gerontology, etc.) not so much acknowledgement of the repressed (death and aging) but new and more subtle techniques of domination and "endistancing" of the threatening object: what Marcuse called "repressive de-sublimation." This has its counterpart not merely as a matter of psychic defense mechanisms for mastering threatening modes of experience, but as a form of *ideology* that justifies the claims of expertise advanced by bureaucracies and the health and welfare professions.

[27] Simone de Beauvoir, *The Coming of Age* (trans. Patrick O'Brian) (New York, Putnam, 1972, pp.540-541). Simone de Beauvoir's "activist" solution to the problem of aging derives, philosophically, from premises shared by Marxism and existentialism: specifically, the concept of *praxis* and the ontological definition of man as the being "who has no nature, only a history" (Sartre's understanding of the *pour-soi*). De Beauvoir's tragic (existentialist) yet socially progressive (Marxist) critique of aging allows her to assimilate both concepts, since in both cases it is by action - not contemplation, memory, or any other human faculty - that man can uniquely achieve authentic existence. Other possibilities for self-realization are dismissed by de Beauvoir as forms of self-evasion, inauthenticity, or ideological justifications of special interest.

The essential point I wish to make today is that there is *not* a single solution in coping with the unprecedented demographic transition to an aging society, but rather a cluster of possibilities, some promising but untried, others, in my view, traps and blind alleys to be avoided. Let me now provide a brief taxonomy of these possibilities, which are really answers to the question of "What are the old folks to do?" I will then offer my own appraisal of where these possibilities may take us in the future. By way of summary, we may say that the four possibilities discussed here amount to four roles for old age in the future:

- Labor
- Leisure
- Voluntary Action
- Lifelong Learning

To the question "What are the old folks to do?" we can answer: "Put 'em to work," "Enjoy yourself," "Fulfill the need to be needed," and "Know thyself."

Economic Workplace

The first major role for old age in the future is one we have already discussed – continued employment in the economic workplace. Given economic conditions of low growth, persistent inflation, and high unemployment, this goal seems faintly utopian. To achieve it on a truly mass scale would require, evidently, some wrenching changes in the political economy of Western industrialized societies. Ironically, while expansion of the work role for elders makes the most radical demands on society, it is also the role that was taken for granted in the past: namely, continued work until ill health made productivity no longer possible. So, while employment opportunities for elders is radical in the political and economic domain, in the cultural domain it is actually conservative, even nostalgic.

The work role expresses an axial value of the modern world: namely, productivity, efficiency, maximum output. It's simply inefficient to leave large amounts of human resources in late life unused by society. Working reinforces self-sufficiency, self-respect, and other genuine human needs, but the axial value of pure productivity has its dark side or counter-image: namely, alienation, a sense of meaninglessness in work, arising in part from the specialization and fragmentation characteristic of the modern economy. For most jobs, the work role does not draw on our full talents and human potential. Repeating that work role beyond age 65 or 70 may be merely "the vain repetition of the heathen:" very different from personal salvation or self-realization. We did not need Studs Terkel to discover that when people need to continue working – for money, for social contact, for self-respect – they often find the work itself meaningless.[28] Yet after a lifetime of habit, no other alternative seems imaginable.

Leisure

Over the last generation, we have seen the emergence of retirement as an entitlement: a golden age where individual desires are supposed to flourish, the reward for a lifetime of toil. This ideology of retirement preaches the axial value of *self-satisfaction*: not productivity – living for others – but living for myself. "Living for myself" sounds like the fulfillment of the dream of modernity: to be released from the bonds of social convention, to satisfy [illegible] long-postponed desires, to be free at last. But can the ideology of retirement leisure actually lead to this dream of pure individualism?[29]

They are rare individuals whose appetites are unaffected by envy of others and the multiplication of imaginary desires endemic to advanced capitalist economies. The ideology of self-determination masks the role of these social and economic influences – such as advertising – that

[28] Cf. Studs Terkel, *Working* (Avon Books, 1975).

[29] For a persuasive analysis of the ideological significance of the retirement ideal in relation to public policy and the American political economy, cf. William Graebner, *A History of Retirement: Meaning and Function of an American Institution*, 1885-1978 (New Haven & London, Yale University Press, 1980).

multiply imaginary desires and shape our image of the future. Indeed, we should describe leisure in retirement as the leisure-consumption lifestyle inseparable from the influence of media, advertising, and the machinery of the consumer society.

Consumerism is the seedbed for the culture of narcissism promising a rainbow at the end of life. The rainbow held out to elders is a cult of leisure commodities – tours, games, hobbies, sports – fueled by merchandising in the mass media and by industries that cater to these desires. The leisure-consumption sector of society encompasses entertainment, travel, even the arts and culture: nothing is left out, and increasingly the categories become blurred. Then, too, opportunities for leisure are dominated by economic market forces: retirement villages, packaged vacation tours, commercialized sports, and, above all, television. Media and commercial entertainment invade the most isolated corners of society and encompass young and old alike. Little by little, the leisure-consumption role ceases to be individualized and becomes invisibly collectivized. The multiplication of desires and the perpetual search for satisfaction is a secret revenge of the marketplace and its axial value of self-satisfaction. [30]

Clearly, many older people – especially those who aspire to upper middle-class comfort – have bought into this vision of a leisure-consumption lifestyle as the golden age of retirement. The problem is, who will pay for it? Media images of commodities at the end of the rainbow are a cruel hoax for most older people: pension income will simply not keep up with desires postponed over a lifetime of work.

But the consequences of the leisure-consumption lifestyles are more insidious still. As Christopher Lasch reminds us in *The Culture of Narcissism*, in a world oriented toward the present moment, old age is robbed of its meaning. But leisure, as understood by consumerism, is constantly tied to the present, the novel, the momentary desire. To see the leisure-consumer role as the highest state of happiness is to imagine a shrunken version of human possibilities in later life. Living for myself – a genuine ideal, to be sure – is falsely equated with "satisfying my desires," and this is almost never the exercise of pure individualism that we imagine it to be.

The commodity version of leisure activities we are promised – retirement villages, packaged vacation tours, recreation programs – are generally segregated by age and promoted as a way to fill up the so-called "empty time" in the lives of older people. This filling up of time is in fact a flight from the sense of time – from an obsolescent past and from dread of the future – and the flight belongs to the culture of modernity: the celebration of the present moment. The values of consumerism and the leisure-lifestyle vindicate the spirit of modernity with its cult of novelty and its worship of immediate gratification. In the desparate frenzy of leisure activity one recognizes, again, the denial of aging and the pursuit of activities that lead, inevitably, to the impoverishment of personality and of later life.

Worst of all, in the cultural and educational sphere – which possesses a degree of autonomy and might challenge the consumer version of leisure with alternative sources of value and meaning – alas, cultural and educational institutions themselves have fallen under the spell of the leisure-consumer mode itself. Adult education is tempted in this direction whenever it conceives of itself as "marketing" new intellectual wares to the intelligent consumer. "The customer is always right" is the death-knell of cultural and educational institutions. In the field of aging, we have witnessed the remarkable growth of an important and valuable innovation – Elderhostel, the summer education program that brings older people to university campuses during the summer months. But even Elderhostel, as a summer supermarket of the mind, does not escape the gravitational pull of the marketing mentality. Like a travel agency, it guides its customers to their destination without raising a question about the meaning of the journey. I will return to this point later to explore what the alternatives here might be.[31]

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[30] My critique of the leisure-consumption lifestyle for aging is fundamentally influenced by the perspective of Critical Theory as developed by the Frankfort School. See Max Horkheimer and Theodor Adorno, *Dialectic of Enlightenment* (trans. John Cumming, Herder & Herder, 1972), especially the chapter on "The Culture Industry: Enlightenment as Mass Deception." The work of Herbert Marcuse and Jurgen Habermas updates the critique, but they do not examine culture and leisure in relation to aging.

Mediating Structures

Sociological students of modernization have portrayed a scenario in which the economic and technological forces of the modern economy gradually sweep away all remnants of human relationships that bound together the institutions of traditional societies: local, neighborhood and regional ties, religion, the extended family, voluntary groups, one by one all are eroded by the forces of the factory system, the cash nexus, and – in our time – by multinational corporations uprooting custom in the name of technological efficiency and profit. Communist and totalitarian societies, inspired by a ruthless version of the modern ideology of economic growth, extend the process still further and crush all forms of voluntary association that cannot be controlled by the state.

To the extent that this scenario is correct, we can expect that the momentum of modernization will have consequences in the realm of work, leisure and human relationships of just the sort I have sketched out in my gloomy picture of the role of the aged in post-industrial society. But is this gloomy picture correct? Some sociologists would disagree. The death of the family, the demise of religion, the extinction of local and voluntary associations – all predicted long ago – has it really come to pass?

Not quite, argue Peter Berger and Richard Neuhaus in an influential book on the role of mediating structures in public policy.[32] "Mediating structures:" a new name for an age-old human reality. Mediating structures include the family, the church, the neighborhood, ethnic groups, and voluntary organizations – Kiwanis, Masons, girl scouts, garden clubs, and the endless number of small groups in which we find a degree of intimacy even in a large, impersonal society. Cross-national studies of the family in advanced industrial societies repeatedly refute the widely accepted myth of the "abandonment" of the elderly by their adult children. In free societies of the West, the power of voluntary associations continues even as political parties or labor unions lose some of their appeal. Finally, the appeal of religion and of local, ethnic, and neighborhood ties is not to be underestimated. No sooner is religion declared dead than charismatic movements spring up attracting millions. Neither a Canadian nor an American audience needs to be reminded of the continuing emotional appeal of linguistic, ethnic, and regional separatism.

Family, church, neighborhood, voluntary association: all of these "mediating structures" play a vital role by mediating between the isolated individual and the large, formal organizations of government or the workplace. The significance of mediating structures for older people should immediately be clear. Yet, apart from studies of the family, sociological students of aging have often neglected to appreciate the importance of mediating structures for old age. The neglect is widely shared. Berger and Neuhaus argue that, in general, the evolution of the liberal welfare state has in its public policy failed to recognize the importance of mediating structures in maintaining the quality of human life. Mediating structures seem "old-fashioned," not "professional" or in tune with cherished values of reason and individualism. Our political imagination – for both liberals and conservatives – is dominated by images of large-scale change in massive, formal systems: in corporations, in the economy, in the nega-structures of government. A different approach to social change is recommended, for example, by E.F. Schumacher (*Small is Beautiful*). [10] Admittedly, the modernist ideology of growth and expansion is challenged by the alternative of small-scale institutions, but small-scale networks are likely to be the settings in which old age can be sustained and given more human meanings. If small-scale arenas of personal meaning are to thrive, then we must understand better the conditions in which these hardy plants cannot only survive but flourish. The lives of our elderly population may depend on it.

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[31] For my earlier approach to this question, see H.R. Moody, "Philosophical Presuppositions of Education for Old Age," *Educational Gerontology*, 1 (1976), pp.1-16

[32] Peter Berger and Richard Neuhaus, *To Empower People: The Role of Mediating Structures in Public Policy* (American Enterprise Institute, 1977). A series of volumes proceeding from this point of view is under publication, with attention to its application to issues such as housing, public welfare, law enforcement, education, and health care. Cf. Lowell S. Levin and Ellen L. Idler, *The Hidden Health Care System: Mediating Structures and Medicine* (Cambridge, Mass: Ballinger, 1981). The National Policy Center on Education, Leisure, & Continuing Opportunities of the National Council on Aging has embarked on an effort to apply the mediating structures paradigm to issues such as voluntarism, self-help, and community participation as these affect the elderly. The mediating structures paradigm, of course, is not without problems. For an extended critique and discussion, see the complete Winter, 1979 issue of *Soundings* (LXII, No.4), dealing exclusively with mediating structures and public policy.

Part of our problem is that the role of mediating structures, and of old people in those structures, tends to be invisible. No Gross National Product measures the role of volunteers in churches or in family care-giving for impaired relatives. No economist tabulates the value of labor power in neighborhood or voluntary groups that contribute their efforts for the common good. All of these roles of voluntary action, the very lifeblood of mediating structures, are "non-monetized:" i.e., not counted in the cash economy. Grand-parenting, Sunday school teachers, old-fashioned story tellers are economically invisible, and so we are led to think that the elderly are "unproductive." Once again, by accepting the myth of modernist culture - productivity, efficiency, measurement - we are led to a denial of aging and of the traditional virtues of old age.

Yet it is a fact that traditional mediating structures - neighborhood, church, family, voluntary association - are on the defensive everywhere. Their values are the values of tradition, not of modernity. In these mediating structures, older people often have valued roles of nurturance and altruism, as bearers of the traditions of the past linked to the cycle of generations. New members in a family or a church congregation do not displace the old people but learn from them and carry on the traditions of those mediating structures to succeeding generations.

Most important, mediating structures provide old people with an opportunity to satisfy the "need to be needed": to make contributions that are valued by others, that are part of a public world beyond the isolated self. These non-monetized contributive roles offer an avenue of self-fulfillment quite different from either productivity in paid employment or self-satisfaction in the leisure lifestyle. Whether in the form of traditional volunteer roles or through self-help or mutual-aid groups of the elderly themselves, the domain of voluntary action is a form of human enterprise that retains its validity even when "invisible." In a world where paid employment and leisure-consumer activities are open only to a minority in old age, voluntary action holds out the universal and democratic promise for contributive roles tailored to each person's capacity - even for the "old-old" whose capacities may impair their participation in larger settings. Our public policy for aging must take account of this "need to be needed" as we plan for an aging society in the decades to come, and this policy will mean recognition of the permanent role of mediating structures in the lives of all of us.

Before we romanticize too far these mediating structures, we must acknowledge that public policy in a democratic society has some genuine difficulties in coping with mediating structures. The same face-to-face small scale of these informal support systems is both the seedbed of altruism and voluntarism and also the imprisoning wall of tribalism: "We take care of our own" (our own family, our own neighborhood, our own congregation). The tribal mentality is suspicious of strangers and hostile to change. Tribalism perpetuates the values of the past but cannot protect the tribe from the ravages of modernity. Young people follow new gods and lose their loyalty to the tribe. The cycle of generations and the sense of recurrent meaning in old age is threatened. Sensationalism in media, the cult of consumer values in advertising, the pace of cultural change and the pursuit of novelty: all these corroding influences, the influences of modernity, increasingly threaten the time-honored role of the elderly in mediating structures.

Culture and Education

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[10] E.F. Schumacher, *Small is Beautiful: Economics as If People Mattered* (Harper & Row, 1973).

The last role I want to discuss poses the greatest difficulties of all. For here I describe not what exists in our economy of our social institutions of today but what might one day appear on the horizon beyond. Like the Ghost of Christmas Future in *A Christmas Carol*, I cannot be as precise as when I invoke the ghost of the past or present. But unlike Scrooge's Ghost of Christmas Future, I will try to be more optimistic in my conclusions.

Let me first be clear that my stress here is on culture and education as a role for *self-fulfillment* in later life, not simply as a way of giving older people "something to do," to "fill time," as we say. Neither am I concerned with the role – a very vital one – of access to education for purposes of *problem-solving*, such as consumer education, health education, classes for physical fitness, for personal financial planning, for pre-retirement planning, and for all the necessary coping skills that are important for successful aging. These forms of education play an essential part in strengthening those non-monetized roles of self-help and mutual aid, forms of group problem-solving that fit in well with the pragmatic mood in which we understand aging to be a social problem. As with education as a means of combatting skill obsolescence of older workers, we can easily imagine broader uses of lifelong learning to help older people adapt to changes in the economy and the society at large.[34]

But the point is that in all these cases education for the old, as much of our conventional education for the young, is then a *means* to something beyond the learning itself: a technique of problem solving justified by its future outcome. Could we imagine a form of education, the pursuit of learning and culture for its own sake, that does *not* have a goal or future outcome beyond itself? Even to pose this question may seem frivolous in light of all the other pressing needs of older adults that are being so thoroughly documented in this Symposium today.

We must, I believe, be suspicious of this view, so widespread in our pragmatic, industrial civilization, the view that culture, art, and education, are a kind of ornamentation, a "frill" that is added on when other, more essential needs are satisfied. I am reminded of the story of the poet, who, when asked what was his contribution to the national defense, replied that he was working on that which made the country worth defending. What is it, then, that makes life in old age worth living, that makes life something more than a "preparation for something that never happens?" What else but the sense of *meaning*?

When I speak of the role of culture and education in old age I am speaking of culture not as ornamentation but as the domain of meaning: the validation of who we are and where we are going. How else do we explain the prominence of the cave drawings at Lascaux, where primitive man, living at the margin of subsistence, labored to embody his art and ritual in forms that speak to us across thousands of years? Viktor Frankl (*Man's Search for Meaning*) put his finger on it in his study of concentration camp survivors of the European Holocaust: without this domain of meaning in the world, the human being loses heart and dies.[35] This is an insight that old people understand as well as anyone and perhaps better than the rest of us.

Culture, as the fabric of meaning that binds together generations, is what prevents human life, in Ortega Y Gasset's words, from being a "mere disaster":

> Life is a chaos, a tangled and confused jungle in which man is lost. But his mind reacts against the sensation of bewilderment; he labors to find 'roads, ways' through the woods, in the form of clear, firm

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[34] Cf. M.W. Drotter, "Education for the Elderly: Trends and Problems in the 1980's," *Educational Gerontology*, 7, No.2-3 (Sept-Oct, 1981), pp.105-111, and Herbert Covey, "American Higher Education and Older People", *Educational Gerontology*, 6, No.4 (June, 1981), pp.373-383.

[35] *Man's Search for Meaning: An Introduction to Logotherapy* (Touchstone Books, 1970).

> ideas concerning the universe, positive convictions about the nature of things. The ensemble or system of these ideas is culture in the true sense of the term; it is precisely the opposite of external ornament. Culture is what saves human life from being a mere disaster; it is what enables man to live a life which is something above meaningless tragedy or inward disgrace.[36]

But Sharon Curtin, in a little book titled *Nobody Ever Died of Old Age*, put the problem very well when she observed that what our culture lacks is an image of the second half of life.[37] We keep coming back to this same point, the place where all roads lead, where all questions converge on one question, the inescapable question: *what are the old people to do*? The culture of modernity urges us to greater heights of modernity, and, under the banner of the "Ulyssean Adult," even the goal of lifelong learning takes on this aura of change, growth, perpetual quest.[38] But the lack of meaning in the second half of life is a nagging doubt, an embarrassed silence that remains when we stare into the mirror of our future selves, our image of old age in the future. If culture, in Ortega's words, is a "map" against chaos, a guidepost to our future selves, then we have lost our way, like Ulysses who sailed beyond bounds and perished in the chaos. If culture and education in old age are to provide such a map, where do we look for it? I take my point of departure here from some remarks by psychologist Carl Jung in his essay on "The Stages of Life:"

> A human being would certainly not grow to be seventy or eighty years old if this longevity had no meaning for the species to which he belongs. The afternoon of life cannot be merely a pitiful appendage to life's morning. The significance of the morning undoubtedly lies in the development of the individual, our entrenchment in the outer world, the propagation of our kind and the care of our children. This is the obvious purpose of nature ...

But the challenge of later life is different, argues Jung:

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[36] Ortega Y Gasset, *Mission of the University*, trans. H.L. Nostrand, (N.Y., Norton, 1966), p.37.

[37] Sharon Curtin, *Nobody Ever Died of Old Age* (Atlantic Monthly Press, 1973).

[38] John A.B. McLeish, *The Ulyssean Adult: Creativity in the Middle and Later Years* (McGraw-Hill Ryerson Ltd., Toronto, 1976). McLeish's work is one which has had a salutary impact of rebutting earlier assumptions that creativity in late life is improbable, as suggested by Harvey Lehman's influential research in the 1950's. McLeish, and subsequent investigators in adult lifespan cognition, have shown that the earlier work on adult learning in old age is methodologically flawed, and the question remains open. McLeish's view, evidently, is that lifelong learning is an open-ended quest with unlimited possibilities: a positive, upbeat doctrine that, nevertheless, is inadequate. Is it an accident that Dante's Ulysses resides in the lowest depths of Hell? The open-ended, perpetually unfinished quest recommended by McLeish actually has much in common with that arch-Modernist hero Faust, who is the prototype of Protean Man: rootless, ever unsatisfied, and ultimately exposed to the despair of the "bad Infinite" (mindless growth) that constitutes the Inferno.

> Wholly unprepared (we) embark upon the second half of life. Or are there perhaps college for forty-year olds which prepare them for their coming life and its demands as the ordinary colleges introduce our young people to a knowledge of the world and of life? No, there are none. Thoroughly unprepared we take the step into the afternoon of life; worse still, we take this step with the false presupposition that our truths and ideals will serve us as hitherto. But we cannot live the afternoon of life according to the programme of life's morning – for what was great in the morning will be little at evening, and what in the morning was true will at evening have become a lie.[30]

When Jung speaks about colleges for forty-year olds, he acknowledges that higher education as it is now cannot prepare people for the challenges of the second half of life. Our schools and colleges, until very recently, have concentrated their best efforts on the preparation of young people: career training for what Jung calls "entrenchment in the outer world." Even today, what passes for adult education rarely takes on those larger questions of life – the meaning of citizenship, love, death, wisdom, and all the other ideas that make up that ensemble of ideas by which we live our lives. Strangely, it is among the middle-aged and those who are retired that one can find ready students for these "great ideas." That at least has been my experience as a professor of philosophy at Hunter College in the City University of New York. Increasingly, it is the experience of other faculty in liberal arts disciplines who question whether what we call a liberal arts education is not mistakenly offered exclusively to post-adolescent college students, who are now in fact pressed away from the liberal arts in favor of survival skills and career preparation. As traditional age students decline in numbers and as their interests shift, we in the colleges and universities may find our best new students of the liberal arts among those who are older. Surely, traditional-aged college students benefit from the liberal arts, but it is a mistake to imagine that the young can absorb all that education has to offer. In the demographic transition that affects enrollment in higher education, colleges may find themselves forced to rediscover this truth perhaps for the benefit of us all.

Whatever a new map of culture turns out to look like, we can be sure it will reflect the laws of growth and maturation that we call the human life cycle. We are only at the beginning of understanding cognitive and emotional development throughout the lifespan, but we can be sure that principles of psychic development in old age will be different from what we have learned from the study of childhood. The truths and ideals of the morning of life are those that belong to the modernist culture: growth, change, novelty, expansion. Yet the afternoon of life calls for a quite different point of view. When at last we begin to create what Jung calls "colleges for forty-year olds" then this different point of view – a culture and education for maturity – will come into its own. The exaltation of youth culture, which is the culture of modernity, will then, like a great wave, reach its high water mark and begin to subside. Just as our post-industrial economy must find new ways of coping with intrinsic limits in the environment, so our social institutions must learn to confront zero population growth, and our culture too – our firm ideas about the nature of things – must begin to cope with aging, with later life, with the limits of the human life cycle. For our economy, limits need not mean stagnation but rather new forms of growth that acknowledge the finitude of resources and find ways to extract energy and raw materials from what was discarded before. For our culture, too, we need to recover the "discarded" portion of the human lifespan – old age – and for our culture, the demographic transition to an aging society will pose the greatest challenges for our educational institutions.

What could the role of higher education be as a source for new meanings, new roles for old age in the future? We begin with the fact that mediating structures are tied to the values of tradition, while the economy, both in production and consumption, is tied to the culture of modernity. Caught between tradition and modernity, past and future, the elderly must negotiate passage between these two worlds. Where technology, economy, and the culture of modernity makes life experience obsolescent, old people are challenged to discover new sources of meaning that prevent old age from being a "mere disaster."

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[30] Jung's essay, "The Stages of Life," appears in *The Portable Jung*, trans. R.F.C. Hull and edited by Joseph Campbell (New York, Viking, 1971). For the passage cited here, see *Psychological Reflections*, edited by Jolande Jacobi (Harper & Row, 1953), pp.123,121.

The role of our colleges and universities here is to help mediate this transition between experience and modernity. From one standpoint, higher education is committed to research, new knowledge, questioning of all values, rapid social change – all the axial values of modernity. Yet as a social institution, higher education is also charged with transmitting knowledge and values to each succeeding generation. As the arena where succeeding generations meet, higher education is the appropriate place to foster inter-generational learning for the benefit of both young and old. As the mediating link between youth and the adult world, between past and future, higher education could prove to be the "master institution" for helping the elderly cope with their adaptation to the post-industrial society of the future, and, at the same time, offer role models of old age as the fulfillment of life, a model so essential for youth who must negotiate their own transitions over the life-course. When life stories of the old become part of the educational process, we are likely to learn that past experience is not so obsolete after all.[40]

Can this vision become a reality? There are some promising signs to suggest that such a transformation of our educational institutions is possible. The first factor in favor is the pressure of adversity. In all the industrialized societies of the west, higher education are now facing their own version of the demographic transition to an aging society: a low birth rate, declining pool of traditional-age students, and lower budgets prompt gnashing of teeth and fears of traumatic disruptions ahead. But the same adversity is forcing colleges and universities to question traditional practices, to look beyond their walls. As colleges and universities look to a new, and expanding market of adult students, opportunities for older people will open up. Seeds of this new growth are already beginning to sprout. In Canada and in the U.S., the remarkably rapid growth of the Elderhostel Movement has shown both that large numbers of elderly *want* to continue learning and that colleges can fill this need in a range of creative responses. In Europe, too, the spread of the new "Universities of the Third Age" in many different countries has demonstrated the international scope of this cultural change.

Higher education has as its axial value the liberation of the mind through knowledge and self-understanding: the grand aim of the liberal arts. For this reason, we ought to see in "lifelong learning" a key to self-knowledge and self-exploration – redeeming and reclaiming the value of past experience – not merely distraction or entertainment.[41]

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[40] The recognition of the importance of life stories is the key here, as Alasdair MacIntyre makes clear in his recent book *After Virtue* (Univ. of Notre Dame Press, 1981). The narrative structure of human life is the key to transmitting knowledge of the virtues to succeeding generations.

[41] The notion of "reclaiming" the value of past experience is expressed in the most vivid terms in the beautiful journal of old age. The *Measure of My Days* by Florida Scott-Maxwell (Penguin, 1979):

> Age is a desert time - hours, days, weeks, years perhaps - with little to do. So one has ample time to face everything one has had, been, done; gather them all in: the things that came from outside, and those from inside. We have time at last to make them truly ours.
>
> Once when I was a child I went with my grandfather when he hunted wild turkey, or quail, driving through the roadless woods under great water oaks shining as though newly washed by rain.
>
> Once on reaching a river I jumped from the wagon and running into the

This vision of the liberal arts cannot be linked exclusively to either tradition or modernity, past or future. Higher education keeps a "critical distance" from both tradition and modernity, and in that critical distance we may hope that the new culture of an aging society will take shape.

The threat to that vision will be hidebound academic traditionalism itself: the strictures of intellectual orthodoxy, the failure to recognize that the academic curriculum itself will have to be reshaped to respond to the special strengths of older learners. "Business as usual" will not be enough. We cannot teach philosophy or literature, psychology or history, to our 70-year old students as we might teach them to a 17-year old student. When classes are composed of older students not beholden to exams and credit hours, then the methodologies that set up artificial walls between one discipline and another must give way. Universities will be challenged to live up to their own ideals of liberal education. In the process, both generations, young and old, will benefit.

The new culture of an aging society will have vast implications for the activities of our institutions in all the areas I have discussed today: for the workplace, for leisure-time, for mediating structures, and for colleges and universities. In place of leisure-consumption, we need an activist model of aging as self-development. In place of the past-oriented tradition of tribalism, we need voluntary action with planetary consciousness.[42] In place of the work ethic, we need an ethic of lifespan development: a culture of maturity in which old age is not denied and old people are not pushed into familiar roles – work, leisure, volunteerism – that perpetuate a pattern of the past. Activist leisure may mean reduction of the market/commodity approach in favor of socially responsible leisure opportunities for all. Voluntary action may mean public policies that sponsor and nurture non-governmental initiatives of citizen action at the grass-roots level. An ethic of lifespan development in the workplace means continual career retraining and upgrading, not a myth of second careers in retirement.

The irony of all this is that the demographic expansion of the aged comes at just the point in history where conventional approaches to old age as a life stage are increasingly obsolete. In coping with "future shock" and overcoming role obsolescence, the aged of today's generation are themselves pioneers for what *all* age groups and individuals will face tomorrow. Increasingly, every one of us in our life transitions will be facing a task of exactly the same sort: how to recapture meaning and self-worth from past experience now rendered obsolete. In learning to cope with this challenge, we *need* the example of those older people who are going before us. Those of us who are younger need to hear life stories and observe examples in order to cultivate the virtues – courage, risk-taking, fidelity, inner strength – that we all need to survive. Where better to learn these than from the survivors? Not all of the old are "wise" but the cultivation and transmission of wisdom is the special challenge – the life-task, if you will – that is given to old age. We need to plan for institutions that will enable older people to give their best strengths back to society. This "need to be needed" is valid but should not be limited to activist roles alone. There are other ways of giving that symbolize the inter-dependency of all age groups.

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[41] (cont'd)deep shade sat down on a large alligator, taking it for a half-buried log. I was also the child who walked out on a plank placed as a pier to reach the centre of the dark pool, then knelt, plunged in her hands to scoop up a drink, and saw that fatal snake, a water moccasin, dart between her closing hands.

> You need only claim the events of your life to make yourself truly yours. When you truly possess all you have been and done which may take some time, you are fierce with reality. When at last age has assembled you together, will it not be easy to let it all go, lived, balanced, over?

(pp.41-42)

[42] The ecology movement's slogan, "Think globally, act locally" is apt here.

So in answer to the recurrent question, "What do we do with the old folks?" I come back to the oldest answer of all: we learn from them. As the cycle of generations intersects with the cycle of historical change, those ancestral voices will yet be heard:

> We in the ages lying
> In the buried past of the earth
> Build Ninevah with our sighing
> And Babel itself with our mirth.
> And 'oerthrew them with prophesying
> To the old of the new world's worth,
> For each age is a dream that is dying,
> Or one that is coming to birth.

So what, then, is my conclusion? Like Mulla Nasr Edin, we have lost our key, the door stands locked in front of us, and we find ourselves looking for the key in a place where the key is not to be found: in the light of our previous assumptions ("rationality" "problem-solving" "keeping the old people busy" "making people productive") and not in the darkness of an unknown doorway where the key is really to be discovered. Abraham Maslow once remarked that, if the only tool you have is a hammer, then every problem comes to look more and more like a nail. But the tools of our recent past, the light of our previous assumptions, will not do to cope with an historically unprecedented demographic transition to an aging society. We must find better tools and we must find the courage to open that doorway into an unknown future.

Panelist's Response: R. D. Bramwell

A large centre for seniors offers courses of three kinds to its members. Most popular are practical courses like those in lapidary, ceramics, weaving and quilt-making. Less popular, but well-attended are informative courses directly related to problems which seniors often encounter such as "Making a Will", "Housing for Seniors", "Stress, and how to deal with it". (Londoner, 1975, p.85). The third kind of course is broadly cultural: it would include, for example, "Music Appreciation", "Dickens, his Life and Times", and "The Bible to be read as literature". Apart from the obvious usefulness of the informative courses, what are the rest designed to do? Are they designed mainly "to fill time", and if so, is that a good and sufficient reason for continuing to offer them? Translated into broader terms, what are or what should be the purposes of life-long learning?

1.

Some gerontologists talk of a "crisis of retirement", (Plamondon, nd.) but evidently a retiree does not become a different person overnight simply because he retires. He carries with him into retirement that congeries of attitudes and skills which are part of his life-style. If, for example, he was a man of fair education who prided himself on being well-informed, he will still find ways of pursuing his interests in retirement. Indeed, it is to men and women of this cast of mind that programmes provided for seniors by colleges and universities are most often directed, since for them, learning of a kind remains a life-long adventure. They study one or more of the topics advertised because to do so is enjoyable and rewarding in itself. However, an awkward question remains: given a much wider range of topics what might they choose to study from among those added to the current list? To make the point more forcefully, how many students at present enrolled are following courses *faute de mieux*?

The paradigmatic adult student referred to above is well-enough educated, fairly secure financially and brings with him into retirement versatile social and intellectual skills which he has learnt as part of his job or as part of his leisure-time activities. He falls into a category of retirees known in the French literature of gerontology as "la retraite troisième âge". (Guillemard, 1975, p.37). In her celebrated work *La retraite, une mort sociale*, Madame Guillemard explains that "passage from work to non-work" for a person in this category is "passage from productive activity as defined by some (industrial or commercial) enterprise to a new kind of creative activity accepted by society at large". (Guillemard, 1975, p.37). American readers will perhaps recognise in this statement distinct parallels to Robert Atchley's "Identity continuity theory". (Atchley, 1971, pp.13-17).

La retraite troisième âge is however one only of five categories of retirement distinguished by Madame Guillemard. The biggest category numerically she calls *retraite-retraite* . A person included in this category has little in the way either of "goods" or of "potentialities" – of "wealth" or of "skills", or even of the possibility of acquiring skills. The manner of his retirement is, in fact, linked with his former employment which was most likely undemanding and repetitive. It is linked again to a low level of education, to an extremely restricted range of leisure-time pursuits and to a barely sufficient pension. The result is that his daily activities in retirement will be almost exclusively guided by a need to maintain existence at no more than a biological level. Most probably he has few social contacts and those few, superficial. His daily life turns upon a "succession of activities necessary for biological maintenance (which are) interrupted by longish periods of time-to-be-killed while he waits for the moment when the next functional activity should begin". (Guillemard, 1975, p.35).

No one is entitled to assume that a person *à la retraite-retraite* with most of the characteristics detailed above is unhappy with his lot. Perhaps he has looked forward longingly to the day when he could ignore the imperatives of an alarm-clock world. The view that he "should be doing something to improve himself as a person or to help others" might be dismissed as hopelessly "bourgeois", and educators in colleges and universities doubtless recognize this even if, meanwhile, they would like "something better for him" – without being arrogant! Will they leave him then like Victor Hugo's contentedly cud-chewing cow "regardant vaguement quelque part" – or make him divinely discontent, assuming that he is even approachable? He will, in any case, prove most difficult to introduce to social and cultural activities as now offered by colleges and universities.

Suppose, however, that teachers or professors think that they ought to do something for this person *à la retraite-retraite*, where would they start? The answer must be two-fold. They must first intervene a long way back along the "life course dimension", (Kreitlow, 1981, p.114a) perhaps with various kinds of educational release schemes – mini-sabbaticals punctuating a working life. They might also ask whether it might not be possible to release men of this kind from the crushing circumstances of their lives. From any humane point of view they are among the "diseconomies" of the present industrial system (Ward, 1972, p.49: Mishan, 1967, pp.53-66) and educators might therefore wish to consider "alternative futures", (Henderson, 1978, p.381ff.) on the assumption that their job is not so much to repair the individual as to repair the system which produced him.

As mentioned earlier, Anne-Marie Guillemard recognises altogether five categories of retirement, including two already discussed – *retraite troisième âge* and *retraite-retraite*. The third she calls *retraite-loisirs* which comprehends those who are well-to-do but not on that account well-educated or particularly skilled. (Guillemard, 1975, p.39ff.) How far will educators pity or deplore the life of members of this category? Is to live like Tennyson's *Lotus-Eaters*, who "lie reclining on the hills like Gods together, careless of mankind" a more worthy or more rewarding existence than that of the grey little man *á la retraite-retraite* in his mean little environment? If it seems important to offer something to the one, why not to the other? Some in Madame Guillemard's third category substitute *famille* for *loisirs*: they devote the bulk of their time to children and grandchildren. Those in the fourth category are well-read and skilled but still without means. They shake their fists at a world which has failed to recognize them. Theirs is a *retraite-revendication*, a retirement of claims against society, and in some respects they resemble the "armoured or defended" type as distinguished by Neugarten and her associates. (Mackenzie, 1980, p.125). The last of Madame Guillemard's categories is *retraite-participation*. Those in this category "participate intensely", mainly through the medium of symbols, consuming as they do the outpourings of the mass media – radio and television programmes, articles in journals and magazines.

2.

Up to this point, discussion has turned upon the position of men in retirement. Yet, in fact, aging is mainly a women's issue. As seniors, women outnumber men by 5:4, but the crucial distinction between men and women seniors is not the greater number of the latter. It is rather their domestic situation. Many women have watched their worlds crumble around them when husbands died. While most men in retirement live with their wives, most older women are widowed not only because a woman's expectation of life is longer but also because she probably married a man who was four or five years her senior. In what is still a male dominated society, senior women are generally vulnerable.

Collapsing results from a number of studies, it appears that women seniors encounter three main groups of problems. They are, first of all, solitary. They are more likely than any group in Canadian society to live alone. Secondly, older women especially if widowed are almost certainly poor, and indeed the majority have incomes which fall below the poverty line for Canada. Finally, for whatever reason, many of them lack business savoir faire or resourcefulness. To a degree, they may be afraid of the world outside both in the matter of making social contacts – couples receive invitations, singles do not – and in the matter of approaching commercial and government agencies.

Those offering educational opportunities in the widest sense to women seniors must take seriously those problems sketched above. Perhaps what most of them need to begin with is the opportunity to engage in some kind of small group enterprise which will pay substantial dividends in social contacts as well as in the task itself. The task, intellectual or manual, voluntary or paid, is less important than the opening up of an hermetic life to the possibilities of renewed social contacts and of personal growth and development. The difficulty here as elsewhere is to identify the submerged and silent majority of possible beneficiaries.

3.

The western world formalizes and packages "knowledge" as if it existed apart from those who are now to "acquire" it. (Young, 1971, p.38). Such knowledge is typically abstract, and it is structured and compartmentalized independently of the "knowledge" of the learner schooled mainly by daily life and his experience of it. The question then arises whether the two forms of "knowledge" can be reconciled. Are courses now offered appropriate for seniors? Some seniors might assert that "courses" – if courses there must be – should be individualized so as to take account of their experiences which are ineluctably subjective though not necessarily on that account solipsistic. Further, given the choice, they might opt for subject matter and approaches which would help them to reflect upon the courses of their lives and upon the meaningfulness of their accummulated experiences.

An assertion that "courses" for seniors might with advantage be "individualized" should be read in a context of andragogical theory. An "activity style" curriculum appears to be especially appropriate for two widely separated age ranges – the elementary and the adult. Both respond well to *ad hoc* curricula approached from the point of view of the individual rather than from that of the subject. At both levels a teacher would attempt to build upon personal experience, to follow where strong interests might lead, to refine and extend suggestions offered by the student. Meanwhile, teachers generally assume that they should teach students of secondary and tertiary phases the depersonalized, structured materials of prescribed syllabus and text-book. Here they work upon the questionable assumption that largely socialized students can be taught simultaneously in more or less homogeneous classes. Such a curriculum, it might be argued, is less suitable for elementary students who lack as yet a commonality of experience, and for seniors whose life-histories are in each case peculiar.

How does a person make his life-history "meaningful" as many gerontologists would suggest he should do in his senior years? Notice first the "meaning" is a *task* word, not an *achievement* word – for it is always "a being" and a "becoming", never a "having" and a "holding". No one is likely ever to exhaust possibilities for refining or for adding to "meaning". Notice again that as a person stands farther away in time from a series of contiguous experiences, the more he will forget the unpleasant and the discrepant, for memory is selective. In fact, he *invents* "meaning" rather than *discovers* it. Yet, making meaningful a life-time of experience must involve standing back from it, confronting it honestly none the less and finally disengaging relationships of time and causality from the whole. It must also involve trying to view individual acts in the context of public events. What the good androgogue might hope to achieve here is a hermeneutic-dialectical relationship with a student willing to discard his customary defences. This delicate process might be thought of as "ego-integration" (Erikson, 1965, pp.223-4: Wass, 1978, p.282) and have as its outcome a self-accepting (warts and all!) mature individual who is still growing and developing.

The process of ego-integration might be achieved through the exploration of almost any of the humane studies which would most certainly include drama and art. The subject matter is of little importance compared with the approach to it, for substance – facts and concepts to be mastered – does not pose questions, whereas the teacher's way of looking at it does. With his head on one side and a reflective look in his eye, he must articulate the profound questions which will engage the motives and emotions of his students requiring them to ask the same questions of themselves. Even so, if he is to succeed, he should be prepared to spend time in discussion with them, sometimes singly, often in groups – which is, recognizably, a counsel of perfection (Lumsden, 1978, p.98ff.). Attempting to write an autobiography for the grandchildren could, in fact, achieve many of the same purposes, a statement which suggests that a "moral" tutor should encourage senior students to initiate and to carry through each his own project.

In relatively static societies older persons were often thought of as repositories of wisdom, or, in other words, as oracles to be consulted by children and grandchildren. This must have earned them high regard, but, at the same time, it could have conferred another serendipitous benefit. As they were obliged to draw upon and to externalize their experience to advise those consulting them, these older persons must have come to grasp, at least intuitively, the "meaningfulness" of life as this is defined above. As a French psychologist discussing "aging" said some time ago, "We feel the need to tell in detail what is written on the page of living which each of us carries with him". (Minkowski, 1951, p.59).

4.

Of western countries, France has proportionately and absolutely one of the highest numbers of seniors, and so perhaps it is little wonder that the University of Third Age first came into existence there. It was the brain-child of Monsieur Pierre Vellas, a professor in the Faculty of Law and Economic Sciences at the University of Toulouse. Speaking in 1975 at the University of Sherbrooke in Quebec, Professor Vellas referred to the general purpose of the institution which he had founded two years earlier in his own city. It was, he said, designed to place the university as commonly understood in the van of the "Battle to improve the condition of life of seniors in our society". (Vellas, 1975, p.13). The title, "University of Third Age" is, in fact, a shortened version of "university *in the service of* third age", which its advocates see as a quite proper extension of the university's "*service communautaire*", service to the supporting community. As such, it is an aspect of the democratization of the university assuring to seniors as it does to other social categories, "access to its many resources". (Bernier, 1981, p.341).

A university of third age has four main purposes. (Tisseyre, 1975, p.113). It is first of all an institution for promoting the *positive health* of its students. Doctors, dieticians and physical education experts working as teams offer advice on suitable régime and life styles – exercise, rest, diet and the like. Again, the university of third age is a "research institution" concerned with the process of aging and with the condition of life of its own students as well as with that of seniors in the community at large. It will, for example, explore relevant aspects of medicine, pharmacognosy, sociology and psychology. At the same time, it will train those younger men and women of the "helping professions" – social workers, nurses, physiotherapists, doctors – who expect to spend a substantial part of their working lives in contact with and caring for older persons. From the beginning part of their training is "on the job", getting to know and perhaps to help seniors who are fellow students. Finally, the university of third age is an institution of "éducation permanenante", of life-long learning.

According to Professor Vellas, the life-long learning aspect of the university of third age is designed to open up to seniors access to their "cultural heritage". This, he asserts, "is true wealth far exceeding any material wealth which a consumer society can offer". It is, he continues, "that art which generations of men throughout the wòrld have built up by their genius and talent". (Vellas, 1975, p.16). Many seniors of this generation have previously had no opportunity even to raise the lid of this treasure chest, but now in retirement they have time to explore its contents in depth. As Professor Bernier of the University of Sherbrooke says, the purpose of this exploration "is personal enrichment" – "it is for them a privileged access to enlightenment, to realization of the self". (Bernier, 1981, p.341).

To encourage exploration of the "cultural heritage", teachers in the university of third age use a battery of formal and informal methods. They give talks and play tapes. They stage conferences and debates. They organize round tables. They show films and slides. Their students visit factories, experimental farms, forestry stations, museums, archaeological sites. The objects of such activities – in addition to helping students to learn – are to "enable each one to live fully ... to make contacts with friends". Students also enjoy tours of exhibitions of paintings, sculptures, wrought iron work, furniture, ceramics, stained glass. Such tours "stimulate creative activities" which are in themselves contributions to a "cultural heritage" and in the end "a way of becoming part of it" (Tisseyre, 1975, p.115).

These are indeed high ideals which, as they stand, lack operational definition or definition by extension. Clearly not all members of the *Association Internationale Des Universités du Troisième Age* can live up to all of them, but all will surely be involved, each in its own way, in giving effect to the overall purpose for which the first such university was founded – namely, improvement in conditions of life for seniors everywhere.

A university of third age opens its doors to all comers, of whatever socio-economic standing and background, and doubtless *those who come* benefit intellectually, socially – in sum, vitally. But *who* comes? A nagging doubt remains. Like most omnibus institutions the university of third age and its counterparts elsewhere attract an essentially *middle class* clientèle. (Guillemard, 1977, pp.86-88). What does the philanthropic educator do for the others? Is he so convinced that what he has to offer must be right for them and that therefore, like the father of the Prodigal Son seeking guests for his table, he must "go out in the highways and hedges, and compel them to come in"?

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Panelist's Response: Sylvia McDonald

Dr. Moody's excellent paper delighted me greatly, especially because of his positive, as well as realistic, approach to retirement and because he has said all the things I like to hear on this subject. The summation of his ideas in the theme

> our transition to an aging society is both a closure and a new beginning: a growth of the human spirit beyond past possibilities

is inspirational and provocative, leading into future considerations concerning retirement, instead of delving once more and rather uninterestedly into the many considerations we have been facing more or less successfully for several decades now. If I have correctly understood, the purpose of this symposium is to come up with creative, applicable and futuristic ways of dealing not with problems, but with positive, possible ways of improving the lot of retired people in our country.

> The Symposium is to be a working meeting, the purpose of which is to try to influence positively public attitudes towards aging and the aged and to arrive at some general directions for policy and program development relating to older persons for both government and the community at large.
>
> Letter from Duncan W. Rogers
> September 29, 1981

From Dr. Moody's theme, "closure and a new beginning: a growth of the human spirit beyond past possibilities", I have chosen to deal rather summarily with the topics of *closure* and *new beginning*. If as Elizabeth Kubler-Ross claims, "Death is the final stage of growth", there is every reason to be optimistic concerning the possibility of growth in the retired, growth which will call "the human spirit beyond past possibilities."

Closure

I am assuming that Dr. Moody intended that we use the word 'closure' in its generic connotation, that is 'closing', or 'closed condition'. It would be most rewarding if at this Symposium we could use closure once and for all on some of the current excuses or reasonings that plague the growth of the elderly, in order to concentrate our efforts on the immensity and depth of man's dynamic, if latent potential, to achieve that "growth of the human spirit beyond past possibilities." What growth, if any, would have occurred in today's civilization if this expansion of the human spirit were not possible?

Let me being with some of the ideas expressed in the keynote speech regarding thinking which should be closed, or better still foreclosed, during the discussion periods which will follow this morning's meeting. Closure hopefully might be imposed on some myths and negative thinking such as the following:

1. *Getting rid of the negative image of old age*, especially as becoming more difficult to bear. The image of going through the lifespan endeavouring to consider and compliment all retired people as "young" contradicts the truth that "identity formation is a lifelong process: the fountain of perpetual adolescence". (Keynote address, page 4)

2. *Old people have nothing to do*

Why cannot they simply *be*? The modern concept of *doing*, so well expressed by our speaker, implies productivity in some concrete form while *being* may be more productive, even though less *visible*. The negative "nothing to do" evokes in me the nihilism of Sartre; with a proper concept of leisure, we can make something happen.

3. *"Disengagement from work"* becomes *tantamount to loss of personal identity*. The sad effects of addiction to work even when it does not reach the extreme of workaholism, has left retired persons with the notion that they are no longer productive, that they have lost their personal identity. Closure must immediately be applied to such thinking and more emphasis be placed on the personal qualities and abilities that have made workers successful in their job. It is not work as such that gives us a personal identity; rather it is our personal identity and creativity or intuition or genius that makes our work successful for us.

4. *Second Careers*

Retirement does not prevent persons from going into as many new careers as they wish; consideration of retirement as a stage in which we no longer work must be the object of one of our most serious closures. However, even when one looks to second, third or fourth careers as a solace or comfort to retirement from work, he or she must eventually confront some sort of retirement whether to a sick bed, or to death, or more positiviely, to a prolongation of a free life.

5. *Mediating structures*

While searching for ways and means of keeping retired people working and happy, or feeling needed, the many problems found in the role of mediation structures, even though they "tend to be invisible" are also intangible. On the one hand, we promise that retirement will be a time for leisure and relaxation, a time in which people are free to do their 'thing', as, when, where, and how they wish; on the other hand, the suggestion that the retired become working volunteers contradicts the very attraction of retirement. Moreover, unless volunteers are committed persons, their contribution to society is not assured; the volunteer who performs as a freely retired person may chose to do, is not the type of volunteer who is appreciated or used to the extent that he of she may feel "needed". Whether voluntarism remain invisible or whether it be "non-monetized", to be successful, it must make restrictive demands on the free time of the retired.

So much for closure; hopefully, during the workshops, some of these ideas will be laid to rest and we may be able to advance to new, positive, resourceful and creative means of keeping old people "working", whatever that may mean.

A New Beginning

1. *Leisure and Culture*

According to Josef Pieper in his study, *LEISURE, The Basis of Culture*, the Greeks, and more especially Aristotle, claim "we are unleisurely in order to have leisure". Further in his study, Pieper qualifies leisure as a mental and spiritual attitude, a certain serenity, an attitude of mind of those who are open to everything. Were we to return to this leisure, we would enjoy the time and freedom necessary for creativity, for thinking, for re-evaluating our lives, for the freedom to be fully involved in some creative aspect of our culture. This leisure is what is necessary if we are to know "new beginnings and the growth of the human spirit beyond past possibilities". Work has made of us the slaves who freed the ancient Greeks so that they might develop a culture which has not yet been equaled in all civilizations.

2. *The Three Boxes of Life*

The suggestions made by Garcia in 1973 *(Of Time, Work and Leisure)* was also the source of a study by Richard Nelson Bolles in his 1978 edition of *The Three Boxes of Life* . According to Bolles, these boxes are Education, Work and Leisure. Quite recently, in March of this year, a paper presented to the N.G.O. Conference in Vienna treated a similar theme. Professor George Lambert of the CIGS, France, entitled his paper

> The redistribution of time over the life-span and the need for more flexible approaches to achieve continuous lifelong education, in particular by the reallocation of working time, by alternative approaches to continuing contributions and participation in the family and the community.

Education, work and leisure should not divide our lives into adolescence, working years and retirement; rather the ideal would be to have education, work and leisure run concurrently rather than consecutively throughout life, reducing thereby the many problems created by retirement, whether it be enforced retirement at 65 or a flexible retirement at any age. The many objections to this type of living or education very frequently make it difficult even to open up some consideration to such a new sociological and practical way of life; the imaginative process required to arrive at some possibility of having such a system come into practice demands belief in "a growth of the human spirit beyond past possibilities". What is to prevent us from trying, at least during this workshop, to consider such an innovative way of life?

Several universities have begun dividing the academic year into months of study and months of work, and some have already introduced courses dealing with the use of leisure. It is true that such a change in our sociological approach to life and to retirement will not help solve the present problem for the "old", or the "old old", but it will prepare the way for those who in the year 2000 will be facing what the presently retired are now facing. Allow me to quote some pertinent remarks made by Professor Lambert in his plea for changes in dealing with time:

> The situation, particularly in industrialised countries, creates an increasing refusal of the present rigidity of social and technical time and an ever stronger demand for the redistribution of working time and free time, either by a reduction of working hours or by flexible hours.
>
> *Free* time and/or *freed* time are faced with three recently developing phenomena, which will shed a new light on the distribution and use of time. They are: technological advance, aging of populations, unemployment.
>
> – Aging generates a considerable amount of available time.
>
> – Technological progress is likely to create more free time.
>
> – There is a demand for the redistribution of time at the school and industrial levels and of empty time resulting from the general situation (unemployment for one).
>
> – Time use optimisation, in its broadest sense, is one of the challenges facing our societies.

Panelist's Response: Elsie McFarland

After reading of Dr. Moody's concern about the current push toward greater labor force participation by older people, I received a memo in my mail from a committee established by our academic staff association examining incentives for early retirement. In effect they wanted to know what it would take to persuade me to retire early. Isn't that ego shattering! I felt better when I found that it wasn't addressed to me only but to all academic staff at the University. The alternatives suggested were very enticing, particularly to one who plans to retire early anyway but who now sees the possibility of negotiating some advantages. Perhaps as a former public school teacher, civil servant and now University staff member, I belong to a unique group, those with adequate pension plans, but I am hard pressed to think of more than a few friends or colleagues of my professional or social group, who have not retired early or who are not planning to do so. I suspect that with finances reasonably secure, they desire to pursue personal interests free of the necessary restraints of full time employment.

As I say this, I recognize that there are many people in other areas of work, or who wish they were working, who consider projected or current lack of employment as a restraint – a restraint that will deny them the opportunity to grasp the promised rainbow to which Dr. Moody alludes in his harsh discussion of leisure.

" ... we should describe leisure in retirement as the leisure consumption lifestyle inseparable from the influence of media, advertising, and the machinery of the consumer society." (Moody, 1982: 16). While I recognize and share Dr. Moody's concern let us not discard the advantages many of today's seniors see in retirement villages, packaged tours and, I suppose you could add, organized recreation activities. A great many of us have had the opportunity for extensive travel during working years. There is much to see and more to learn. I would like to have someone else worry about making my reservations and transporting my luggage. The social opportunity – to meet interesting people and share experiences is another motivating factor. Let us not forget that social contacts are extremely important to all of us and their importance increases as we grow older. Of course there is opportunity to do your own thing, and fairly cheaply. Perhaps some of you noticed in the May 23 edition of the Edmonton Journal, the article on the British couple touring across Canada on bicycles. They carry their own packs and sleeping bags. Bert is 70, Queenie 65, and they figure they can keep going until they are 90.

A large number of today's seniors know only one kind of world – the workaday market place culture which was their entire world. As Dr. A.R. Martin comments, "The prevailing policy is to place them on retirement in a facsimile of this world, the only world where they feel resourceful and where they are trained to be resourceful." (Martin, 1975: 13a)

Our hope for a broader perspective in the future lies, I think, with understanding leisure as an essential part of our total lifestyle, complementary to work rather than as time left over after work. Do we have to carry the market place or work model into our leisure? Work is client or boss directed, competitive, with success measured in status and dollars. It necessarily places restraints on our individual desires and the development of much of our creative potential. Leisure should be oriented to autonomous, individually chosen activities – the development of what Martin calls our inner resources – a capacity for relaxation without guilt, capabilities for dreaming, imagining, meditating, contemplating, for learning, thinking, for satisfying our curiosity and our urge to explore. It should be associated with giving instead of bargaining, with self fulfillment rather than external reward.

Leisure is more than free time. It is very much dependent on the satisfaction of survival needs. It is rather difficult to think beyond your immediate needs when you are hungry, worried about a roof over your head or clothes on your back – a position too many seniors find themselves in today. Leisure also presumes freedom to make choices which includes the capacity to choose, in other words, experience and background in a variety of personal interests which is best acquired over many years of exploration. Satisfaction of leisure opportunities is also very dependent on physical safety –

an increasing concern in cities such as Edmonton, particularly for the elderly and women of all ages. Leisure is freedom to make personal decisions, to pursue any form of activity that is satisfying to a particular individual and that results in an experience that is meaningful for him. (Of course he has the responsibility not to impose on the freedoms of others.) He may choose university or college courses, or lending his talents to a particular cause so long as it is an autonomous decision that the individual perceives as enriching his own life. Several recent studies show a positive correlation between regular participation in leisure activities throughout one's lifetime and successful aging as measured by continuing mental and physical health and intellectual performance. Intellectual stimulation appears to be particularly important. (Iso-Ahola, 1980: 177-181)

As we can readily see, leisure and the activities we choose during leisure are very much intertwined with all other elements of community life. Recreation, Education, Social Services, Planning, Income, etc. cannot be viewed in isolation or by priorities. They are all important contributors to the whole as I'm sure this symposium will demonstrate.

"What our culture lacks is an image of the second half of life". (Moody: 24). There's the key, I think. If somehow people could be encouraged at 40 or 45 years of age to look ahead, not at continuing or second careers, but at the changing world and at their changing life situations, and evaluate their leisure capacities. What interests do they have now? What do they want to add or expand as they grow older?

The computer (information) age is upon us. In the next fifteen years there could be massive and potentially beneficial services at our elbow - home banking, home grocery service, information on any subject on our T.V. screen, video telephones (heaven help us) and much better electronic security systems. I'm personally looking forward to having a robot like the one that services Buck Rogers. Many of these systems are in operation now, experimentally. Can we adapt? or will it be like the metric system which many of us hope will go away?

At least one futurist believes that older people have a great deal to contribute to the development of future scenarios. Because of the tremendous changes that have occurred in this century, they possess a historical perspective which is most often lacking in younger people and which has an essential contribution to make to future projections. (Hopkins, 1980)

With home information systems and ever increasing community support can we decrease our present dependence on senior residences and nursing homes?

Should we re-examine the entire current trend of separating seniors from the rest of the community - separate residences, separate recreation centres, separate senior Alberta games? I don't wish to criticize, through 20-20 hindsight, decisions taken in the 60's and 70's because conditions have changed and are changing rapidly, and the attitudes toward seniors are also changing. With the encouragement of many local and provincial agencies seniors have proven not to be the meek, helpless, unproductive persons to be "cared for", as many consider them. They have jumped up and taken the wheel of the bus. They have organized action groups and have demonstrated their ability to run their own affairs. With support and through experiments like "Project Involvement"[43], they will become increasingly active and increasingly visible. Should they not be encouraged to lend more of their talents to community action groups? Should not they and younger people have the opportunity to continue to enjoy each other as next door neighbors, in community recreation centres and on city and town councils?

What about safety? Could a neighborhood council respond not only to safety needs but social needs as well?

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[43] A three year demonstration project in community development with senior citizens in Alberta, funded by National Health and Welfare and presently in progress.

And what of Education? Should we address ourselves to recommendations to Universities and Colleges to promote the flexibility Dr. Moody calls for that will enable adults to take courses for the joy of learning and to enhance their leisure pursuits? Do we already have sufficient opportunity through our facilities of Extension and our Community Colleges?

Does it seem unreasonable to further re-arrange our work life to allow for a year of "retirement" on pension in the late 40's or early 50's, to pursue an area of personal interest apart from the job and to develop an image of the second half of life!

Perhaps the most important question to ask ourselves relates to our many seniors in our inner cities living below the poverty line in one room, unsafe walk-ups. I say "living" but does the term fit those who struggle to keep the heart beating, but have little to revitalize the spirit? This must surely be a challenge for all groups in this symposium, recognizing that our recommendations may have little effect on the present but can significantly alter the future.

> Life is a trust, take this life and live it as beautifully as you can. (Rev. W. Burgess, Sermon May 30/82)

Surely each of us can only live beautifully if we strive for a similar opportunity for our neighbors.

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[**] The ideas and materials shared with me by Myrtle Leadley, Marion McCallum, Jill Green, Valerie Blakely, Barbara Oleschuk, and Rein Selles are gladly acknowledged.

Panelist's Response: John McLeish

I found much enjoyment in Dr. Moody's fine paper – an elegant paper, rich in insights, comprehensive, and stimulating.

I found valuable, even moving, its concepts of future social roles for most later-age adults as being not in continued paid careers but in and through the network of mediating structures, ie. those human services which, as the paper states with strength and warmth, are invisible to a hectic society busy measuring itself by the Gross National Product - the sacred GNP.

The practice of predicting the future is always hazardous, but certainly it seems that even if it became possible, one of the worst destinies for many adults in their late years would be to be locked into their law-office jobs or suppressive factory jobs or whatever, when they might experience the personal liberation and ego-transcendence of the voluntary network at its best.

I am not quite so pessimistic as the paper is about second careers, or third, or fourth. But here I think we are up against the problem which always dogs the treatment of huge issues even by a fine interpretation - lack of space and time to define terms. Careers in the arts, as one example, or various entrepreneurial projects can properly be qualified as "careers". None the less, the paper is a wise corrective to the euphoria which would suggest that any later-age adult in our society who has the time and intelligence to do so, can readily enter upon new professional or other high specialties in what has been well called "the certificated society".

I also enjoyed the paper's strictures upon what I suppose it is already out-of-date to call "the instamatic society". Pejorative words in the paper are "expansion", "growth", "dynamic change", but pejorative only as regards life experience, and development of the inner self which ought to be some of the rich values brought to society by men and women in their later years. The paper powerfully attacks the empty attachment to mere action, the dynamics of restless change, which ultimately discards human beings as readily as it does last year's outmoded car or outpaced cleaning powder: the throwaway society.

However, although I endorse, as the paper does, living "to be" as against simply "to do", or even more, I would add, "to have" – the lovely UNESCO phrase was "learning to be" – I think we need to be careful to remember the role of "doing" in the process of being.

Even Yeats, whom the paper quotes in his bleak reference to old age, a quote which could have been reinforced by the stark lines of his last poem, "Cast a cold eye, on life, on death/Horseman, pass by" – even Yeats had many other moods and roles. In his later life he found "being" in "doing", and one of his unpublished and most unknown poems, written in maturity, makes the point in depth:

> My friends who have it I do wrong
> Whenever I remake a song,
> Should know what issue is at stake:
> It is myself that I remake.

Just here, I record my pleasure in the paper's fine attention to the meaning of "meaning" in old age. The poet's response about national defence (that "he was working on that which made the country worth defending") I can add to with a bizarre episode from 1943. In the Protestant school system in Quebec in World War II, an attempt was made which almost succeeded, to replace Matriculation History by Aircraft Recognition!

The fine quote from Ortega, which I re-quote:

> Culture is what saves human life from being a mere disaster; it is what enables man to love a life which is something above meaningless tragedy or inward disgrace,

is not only nobly true in itself, but highly relevant to the whole issue of successful aging with which this paper deals.

As an adult educator, I also am concerned that formal adult learning in the years ahead for older adults should not neglect the rich resources of the humanities, for their access in the exploration of the human condition, of human wisdom. At the same time, I find the issue clouded again by the inevitable insufficiency of definitions.

Thus, we do not seem to be wholly clear whether we are talking only of the educated, or also of the uneducated "old"; the arts-motivated or the sports-motivated old; the reader-old or the bingo-old. The adult educator tries to keep them all in mind, for better or for worse.

Bernice Neugarten's useful, stimulating, and still provocative division of the so-called "elderly" into "young-old" (55-75) and the "old-old" (75-plus) clearly serves as one resource for the paper. But we all need, it seems, to keep in mind the immense variety of adults in their middle and later years. Of course, this should not inhibit the dreamer of ultimate new alabaster cities from his or her fruitful projections of to-morrow. The same is true of Richard Bolles, whose concept of flexible life scheduling the paper both praises and considers impractical - one cannot be certain that it may not be possible on the astonishing futures which may lie ahead of us. I confess that I am at present still under the spell of a re-reading of Olaf Stapledon's titanic vision of the future, *Last and First Men*, so that much seems possible. At all events, these "projections of to-morrow" help to keep the human spirit on course.

In closing, I am concerned to clear away if I can what seem to be some misconceptions about the Ulyssean Concept - a concept which has come to be associated with me. (I refer to Page 25 of the paper, and Page 36 of the rich and excellent supplementary notes.)

The paper compliments the Ulyssean Concept for "having had a salutary impact in rebutting" certain myths about deficiencies in adult later-age learning and creativity. However, it then goes on to identify the Ulyssean Concept with an "open-ended, perpetually unfinished quest" which actually has much in common with that arch-Modernist hero Faust, who is the prototype of Protean Man: rootless, ever unsatisfied, and ultimately exposed to the despair of the 'bad Infinite' (mindless growth) that constitutes the Inferno."

I must say that it is a matter of indifference to me that Dante placed Ulysses (though obviously with respect) in the *Inferno*. I quoted Dante in *The Ulyssean Adult* as part of the progress of the legend, but otherwise I find Dante's scenarios of hell antiquated (I prefer Sartre, for example) and his sadism repulsive. It is a fact that I drew heavily for the concept of Ulysses, the later-life seeker, from Tennyson's great poem, which I have here in the charming leaflet of Chatto and Windus. While it is true that Ulysses speaks here of living "life to the lees", that "life poled on life were all too little", I reject identification otherwise with Faust.

The Faust whose despairing final cry in Marlowe's play is, "O Mephistopheles" is not Ulysses. Nor can I find anything in the Ulysses legends to match the insatiate lust for power and knowledge which causes Mephistopheles in Goethe's *Faust* (Philip Wayne translation) to describe Faust as:

> Him would no joys content, no fortune please,
> And thus he wooed his changing fantasies,
> This wretched, empty moment at the last (death)
> He sought, poor wretch, to grasp and hold it fast.

On the contrary, Ulysses, after exhorting his comrades:

> Come, my friends,
> 'Tis not too late to seek a newer world

clearly envisions the finitude of life of which Dr. Moody's paper so wisely speaks:

> My mariners . . . . you and I are old;
> Old age hath yet his honour and his toil;
> Death closes all: but something ere the end,
> Some work of noble note, may yet be done . . . .

He realises the fact of death, but without despair:

> It may be we shall touch the Happy Isles,
> And see the great Achilles, whom we knew . . . .

I cannot forego quoting the following six (and closing) lines:

> Tho' much is taken, much abides; and tho'
> We are not now that strength which in old days
> Moved earth and heaven: that which we are, we are:
> One equal temper of heroic hearts,
> Made weak by time and fate, but strong in will
> To strive, to seek to find, and not to yield.[45]

In preparing what is now called the Ulyssean Concept, I took care not only to seek to demythologise certain destructive concepts about aging, *but also* to make clear the need of the *inner* healing and restoring quest as well as the potentials of new late-life actions and ventures. I also tried to avoid the danger of assuming that to be Ulyssean means to be only a lively "young-old" adult, bursting with health and affluence, by including if I may say so a very moving chapter on late-life achievement in the midst of terrible reversals: "Naked on the Shore".

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[45] Tennyson's stress upon the will is splendidly reinforced by the modern writing of the great Italian psychotherapist Roberto Assagioli (1887-1974) whose "psychosyntheses" stresses the undeveloped powers of the will for adults of all ages. The theories are developed in *Psychosynthesis* and *The Act of Will*, both published when Assogioli was in his 80's. Four of Whitehead's greatest works were produced, incidentally, after age 65.

I am as aware as this excellent paper is of the dangers that may lie in mere mindless action, mere frantic busywork. *The Ulyssean Adult* urges the immense value of keeping a personal, daily, selective and reflective journal to monitor and cherish the inner spirit, to keep alive the value of that other aspect of the present which Whitehead wonderfully called, "The Sacred Present". Whitehead noted that we spend so much time mourning the past and worrying about the future: "And all the time, the Sacred Present is passing by."

Perhaps I can do best to close by quoting the Benediction of the Ulyssean Society which closes its general meetings:

May the zest for learning,
  And the renewing power of seeking,

May the healing joy of laughter,
  And the redeeming power of serving,

May devotion to passionate causes,
  And the transforming actions of love:

Be with us and enlighten our ways,
  throughout the Ulyssean life journey.

(The Ulyssean Society Benediction.)

Summary of Discussion Groups

We have the opportunity to change societal attitudes about aging and retirement by influencing the media, lobbying in the market place and legislative arenas, and by education of our young people through the school system.

Advertising should be more representative of our society and not so youth oriented. We must work positively with local television producers and journalists to effect this change. Other avenues are informing our members of Parliament, the Council on Aging, and forming "media watch" groups as the National Council of Women has done.

Older persons can be, and are, involved in social studies at several of the schools in the province as well as other educational facilities. Younger persons can be, and are, involved in senior citizens' centres, nursing homes and auxiliary hospitals. This interaction provides cultural/historical socialization and intergenerational mixing.

Independence, integration and involvement, referred to as the three I's, are basic to successful aging and retirement. Options are a must.

The content of our discussion will be outlined under the headings of labor, leisure, voluntary action and lifelong learning. Additional points will form the conclusion.

Labour

1. Retirement should be a choice; not compulsory.
2. Options for pre-retirement sabbatical leave, job sharing and flex-time work should be available to assist with the transition into retirement.
3. Pre-retirement education programs should be encouraged and supported. This should include consideration of productive work the person might wish to do. Financial planning, health education, and the importance of social activities, community involvement and interpersonal relationships need to be essential parts of all pre-retirement planning sessions.
4. Older persons do need the services of a community job information, referral and resource centre which will assist in linking skills, interests, and aspirations with job opportunities.
5. Emphasis be placed through public information programs on the value of older workers with particular focus on business and industry.
6. Opportunities must be available for older persons to explore new and creative work experiences. Everyone wishes to be useful and productive.
7. Provision should be made for retraining for second and third careers for those who wish to pursue new occupations.
8. Ongoing monitoring of any penalties related to the continued employment of the older worker.
9. Legislations should be examined as it relates to human rights of the aged.

Leisure

There was little discussion regarding leisure activities per se. It was felt there was a need for more involvement of the elderly in the planning of activities targeted at this group. The main concerns seemed to centre on access to and affordability of the existing services plus the need for leadership in the field.

1. Promotion of the appropriate use of leisure time in all stages of life.
2. Provision of Resources for the Involvement of the Elderly in Leisure (leadership, finances and human resources).

Volunteer Action

1. Financial Resources should be available to promote, develop and support the meaningful involvement of the elderly in volunteer roles.
2. Programs where the young and old interact should be encouraged and supported financially.
3. Volunteering should be encouraged at all ages.
4. Opportunities for new volunteer careers for the elderly such as tourist information booths should be explored and promoted.

Lifelong Learning

There must be opportunities to continue learning for self development and realization.

1. All education related agencies should provide opportunities for lifelong learning in terms of: coping skills and ongoing awareness of the continuum of life.
2. Individual learning resource centres should be established for older adults.
    - Utilize Alberta Community School concept also the "lighted schoolhouse"
    - Intergenerational mix
    - Emphasize the "Life Skills" acquisition and preventive health care.
3. Positive attitudes towards aging be promoted through an increased use of media.
4. Education counsellors and instructors should have training to help them work more effectively with older people.
5. Spiritual development, skills in coping with daily living, biography oriented groups, and creative writing classes are a few of the areas that can be expanded and add enrichment to life.
6. Older people should be involved in social studies in the schools as well as with individuals or groups at the secondary or post secondary educational levels. Cultural and historical traditions and knowledge can be imparted as well as an understanding of the progress of our society.
7. Government and community planning agencies should include representatives from senior citizens groups and/or individual older people when planning programs or facilities.

To conclude, there are additional areas to be mentioned:

1. Reform of retirement income systems, especially for women who are in the low income bracket and for homemakers.
2. Range of options in housing which should include housing – rent subsidies, reverse mortgages, and intergenerational mixing.
3. Health care to include the preventive, curative, rehabilitative and "Holistic" approach.
4. Provision made for individual needs which were identified as spiritual, emotional/sexual, psychological, cultural, physical and intellectual.
5. Improvement in attitudes toward aging and retirement by influencing the media, lobbying in the market place and legislative arenas, educating the young and forming "media watch" groups.

F. NEEDS AND RELATED SERVICES

Keynote Speech: Louis Skoll

I am honoured to have been invited to take part in this important and timely Symposium. It precedes by about six weeks, the World Assembly on Aging, in Vienna, in July of 1982. That Assembly, aims amongst other things, to call world-wide attention to the serious problems facing this growing segment of the world's population. It seeks to deal not only with current and emerging problems, but also hopes to point the way to a better future. These laudable aims and objectives, also broadly reflect those of your Symposium. All those who have organized it, thus deserve our commendation for their foresight and vision.

I have been asked to make the major presentation on "Needs and Related Services", which is one of the keynote themes which have been chosen for consideration at this meeting.

In thinking about how I should approach my assignment, and how to possibly cover such a broad and complex subject in the time allotted to me, I decided it would perhaps be most helpful to firstly state the needs and problems as I perceive them, in specific terms and then, secondly, to venture a few opinions and suggestions on how we might wish to deal with them in future.

I hope that following my presentation, my discussants, and you the audience, will feel free to agree or disagree with what I have said, and will engage in a lively dialogue and sharing of information and ideas. Remember that, first and foremost, this Symposium is meant to be a working meeting which brings together older people, service planners and providers, members of the public and elected representatives, to exchange views and information on the nature of our present problems and the general directions we should be considering for the future. I hope the approach I have taken will be conducive to us doing so.

The specific needs I want to briefly discuss are:

I. INCOME SUPPORT
II. HEALTH AND SOCIAL SERVICES
III. HOUSING
IV. TRANSPORTATION
V. EMPLOYMENT
VI. EDUCATION
VII. FITNESS AND LEISURE

And some related issues such as:-"Taking Charge" – American Friends Service

IX. THE NEED FOR A BALANCED APPROACH
X. PROFESSIONAL AND PUBLIC ATTITUDES

I. Income Support

Inadequate income, is without a doubt, the most significant problem facing senior citizens today. Indeed, it can be argued that by alleviating poverty, many of their other problems would, in fact, disappear. The contribution which a reformed pension system or systems could make in this regard, has received considerable attention in the last few years. In fact, since 1977, at least five major government reports have been published on pension reform in Canada.[1] [5]

In terms of public policy and program development, however, a clear distinction needs to be drawn between the current and future elderly. The future elderly are those who have yet to retire. The current elderly are those presently retired.

The current public policy review of pension systems is primarily focused on the future elderly, whereas the current elderly are already having to cope with the problems which have resulted from the inadequacies of our present public and private pension systems.

The two generally accepted criteria for an adequate retirement income for the elderly are:

1) An adequate minimum income, and
2) Maintenance of the pre-retirement income.

Regarding *an adequate minimum income* , most will agree, that it is the responsibility of government to guarantee a basic minimum income for its citizens so that no aged person will live in poverty.

However, as far as *maintenance of pre-retirement income* is concerned, that is another matter. I think all will agree that for the average wage earner, living on a basic minimum retirement income would mean a substantial decline in his standard of living. Consequently, it is recognized that an earnings-related retirement income system which will maintain pre-retirement income is also required.

Just how to bring this about, however, is a controversial issue. Should private pension plans be expected to do this, or should it be a public social or community responsibility, rather than that of the individual family? You will no doubt have your own views on this.

An analysis of the current elderly in terms of the two criteria for adequate retirement income, outlined above, results in the following observations:

First, the public pension system will more or less maintain the pre-retirement living standards of one-earner couples who have had low incomes during working years. Second, those whose pre-retirement incomes were in the middle range will encounter significant reductions in their standard of living if they rely solely on the public pension system. A one-earner couple at the average industrial wage (AIW) in 1977 would see their pre-retirement income decline by nearly 28 per cent if they relied solely on the public pension system.

In addition to the retirement income system outlined above, to complete the income picture of the elderly, one must consider subsidy and related payments provided to seniors. Currently, indirect income payments are offered through programs such as public housing, property tax rebates and discounted travel fares. Some of these programs are income tested, while others are provided to all people over sixty-five regardless of economic status.

The preceding analysis suggests that to meet the needs of the present elderly, we must increase the minimum guaranteed basic income of the elderly poor, as well as assist the middle income elderly in maintaining a standard of living close to their pre-retirement level. In reaching these goals, policy makers must weigh the implications and effects of straight cash payment against those of subsidy and related payments.

Income Support – Some Options

What are some of the approaches which could be used to raise the income levels of the aging? There are several:

Federal/Provincial Policy Reviews
Fiscal Arrangements – tax back, income tax, cost-sharing
Short-Term Income Support Programs:

1) Straight cash payments
2) Subsidy programs
Etc.

a) Since 1978, retirement income arrangements in Canada have been subject to intensive federal-provincial policy reviews. Given this highly dynamic and fluid policy environment, short-term provincial initiatives should be flexible and adaptable over the next several years. Likewise, federal/provincial fiscal arrangements, including tax-back and cost-sharing systems constrain provincial initiatives in the short-term.

b) With regard to provincial short-term income support programs, there are two basic approaches which can be taken:

1) Straight cash payments, and
2) Payments which subsidize particular services or which reduce particular expenses.

Either of these two approaches can be used to provide assistance to low-income people only, or to a broader range of income levels.

Restricting assistance to low-income groups normally involves income-testing. Unlike cash payments, the subsidy approach to income support may distort the recipients' choices about how they will spend their income. Under current fiscal arrangements, however, subsidies are a way of extending benefits to all or most senior citizens while incurring a relatively moderate level of government expenditure.

Examples of the *straight cash approach* are:

i) a significant increase in the amount of the provincial "top-up" benefits.
ii) a provincial demogrant program - a provincial Old Age Pension could supplement the federal OAS pension up to a given per cent of the provincial average industrial wage.

Examples of *subsidy-type programs* would be:

i) Municipal Property Tax Rebates
ii) Property tax deferral programs
iii) Sales tax refunds, energy grants, etc.

II. Health and Social Services

Over the past decade or so, an array of health and social programs which seek to provide accessible and affordable services to the entire population have become established across Canada. These programs are of particular significance to the elderly since they are often used at a disproportionately high rate by them.

In examining the allocation of resources associated with these programs, it becomes clear that the vast majority of government health and social expenditures for the elderly has been aimed at those who are in institutions or require continuing care. For example, over 75% of the Saskatchewan's Department of Health 1981/82 projected expenditures for senior citizens is devoted to hospital and related services.

Similarly, over three-quarters of the Saskatchewan Department of Social Services projected spending for the 1981/82 year on senior citizens will be allocated to what we call Levels I-IV special care homes and residents. By contrast, less than one-tenth of the departmental resources for senior citizens is spent on programs which primarily serve the elderly in the community. This includes such programs as home care, community transportation services, senior care centres and activity centres. I suspect the same picture holds true for Alberta, or any other province for that matter.

While a comprehensive and accessible health and social system for our institutionalized elderly is essential, it is becoming clear that more emphasis should be placed on the needs of those who are able to live independently. At the present time, the institutionalization rate for elderly people in Saskatchewan is approximately 8%. In other words, 92% are living out in the community.

The very old are increasing more rapidly than any other segment of the population, and therefore, we would normally expect an increasing percentage of elderly people residing in special care homes. This accelerating trend can be slowed down through the development and enhancement of programs and services designed to assist the elderly to stay in their own homes and communities for as long as is practicable. And also, by re-orienting the objectives of health and social service agencies to:

Prevent untimely death
Prevent avoidable disability
Prevent unnecessary dependence

Many aspects of our health care delivery system will need to be revised if we are to cope adequately with the needs of an aging population in the future. For example, the present fee-for-service method of payment of physicians reflects the emphasis on acute episodic care, and does not make adequate provision for chronic, continuing care or multidisciplinary management. By and large, the fee-for-service system is based on payment per unit of time for services rendered by the physician himself and in its present form is not suitable for cases which require prolonged and detailed assessment of the medical, social and family issues involved by a team of professionals. We will need to develop new types of remuneration systems which foster and reward the multidisciplinary approach to continuing care.[6]

In this connection too, the whole issue of the training of physicians and other health and social work personnel in the skilled assessment and care of the elderly has a vital part to play in slowing down our tendency to over-institutionalize our elderly.

Over the past several years there has been considerable development in the field of the psychiatry of old age and in Britain it is now receiving recognition as a specialty in its own right. The development of psychogeriatrics has been stimulated by an increasing awareness of the complexity of mental illnes in elderly people and by the realization that the correct management depends in many cases on a careful joint assessment by both psychiatrist and geriatrician. The development of psychogeriatrics has also been associated with notable changes in the way in which old people with irremedial mental illness may be looked after, e.g. the development of day programs, and the repeated short-term admission to give relatives a much needed break, and the provision of suitable "foster home" or "approved home" programs. Much of this has been achieved without the elaborate preparation of patients. Also family support groups are being increasingly fostered as an important resource to help maintain dependent elderly people in the community. Studies in Britian, the U.S.[7] and Saskatchewan[8] have demonstrated conclusively that contrary to popular belief, families by and large continue to provide care and support for their elderly relatives, and will continue to do so willingly if given the support of public and community agencies.

Health and Social Services – Some Options

Preventive Services (see also under Fitness and Leisure)
Enriched Community Support Services
Manpower Training
Continuing Education

Review of Remuneration methods for physicians
Etc.

III. Housing

Traditionally, the housing market has responded poorly to the needs of the elderly. Seniors have had to choose between remaining in their own homes, which are generally older and more difficult to modify, and moving into an institutional setting. What is required, is a range of choices which offer various levels of security, supervision and care.

In Saskatchewan, approximately 80% of senior citizen household heads presently live in their own homes. It is also well-known that given the choice, the majority of seniors desire to remain in their own homes and neighbourhoods for as long as they can. However, day-to-day maintenance and seasonal repairs sometimes become too much of a burden, particularly for elderly women living alone.

Several government departments and agencies do sponsor programs which assist the elderly in the maintenance and upkeep of their homes. However, these programs tend to be made available only to those whose incomes represent the very minimum level. More flexible programs and services are needed to provide the specific changes or adaptations which seniors may require.

Some senior citizens decide they no longer want the responsibility of a private dwelling because of increased physical demands, inadequate security, or the distances between their homes and frequently required essential services. These people require housing which is reasonably priced, conveniently located, and secure. In addition, older adults may look for accommodation where there are other seniors who share similar interests, and in which there might be an element of supervision and assistance in activities of daily living.

It is this intermediate housing stock which has been slow to develop in Saskatchewan and I suspect Alberta, as well. While some public housing units for senior citizens are available in both urban and rural settings, they tend to be occupied only by those in greatest financial need. There are, however, many elderly people who are not in critical financial straits nor severely disabled, but who are unable to compete in the regular housing market or live completely independently. These people need other housing alternatives.

Housing – Some Options

Let me now mention a number of intermediate housing options which could help lessen the gap between institutions and the regular housing market. Their purpose would be to provide a range of affordable, accessible housing in which support services can be delivered as necessary.

Home repair and modification programs
Sheltered housing and personal alarm systems
Granny flats
Group houses for the elderly
Hotel/hostel accommodation
Co-operative housing projects
Foster homes for seniors
Housing relocation services
Boarding homes and rooming houses
Shared living
Reverse mortgages
Etc.

IV. Transportation

Given the size and the geography of Saskatchewan and Alberta, transportation will always be a major concern of public policy makers. The transportation requirements of the senior citizens within the province deserve special attention for several reasons. First, senior citizens are generally poorer than other groups in society and therefore are less likely to be able to afford private automobiles. In addition, elderly people often have more difficulty than most using public transit because of their reduced agility and frequently, poor eyesight.

In Saskatchewan our Department of Urban Affairs currently sponsors two transportation assistance programs for which urban municipalities can apply. One of these involves general service and incentive grants to help support general public transit service, while the other program offers grant assistance to communities for transportation systems designed for the disabled and others unable to use regular transit. Both programs thus make it possible for municipalities to provide transportation services for seniors. In addition, non-government agencies such as the Saskatchewan Council for Crippled Children and Adults provide transit assistance for the elderly in some urban centres.

Nevertheless, senior citizens in urban municipalities still tend to see inadequate transportation as a significant roadblock to an independent life in the community. In a study which examined the reasons for the low participation rate of seniors in community college courses in Saskatchewan, "difficulty of some older people in using public transportation due to physical infirmities" was identified as a major problem. This suggests that while transportation may be available in urban centres, services are not always provided in a way which meets the particular needs of some elderly people.

In addition to the problem of accessibility, another issue of concern for the urban elderly is their lack of awareness of available services. Information which is made available to the general public on new transportation services or schedules may often be difficult for elderly people to decipher because of small print or unfamiliar formats.

In rural areas, transportation problems for senior citizens are even more acute. There, it is less a matter of poor scheduling or inadequate publicity about services than the basic lack of transportation alternatives. The rural elderly who do not have access to a private vehicle must frequently rely on family, neighbours, or volunteer drivers to get them to medical appointments, shopping areas or the homes of friends. Elderly people, like others, require transportation services which are predictable and reliable. The newly formed Saskatchewan Seniors Association Incorporated, which is primarily a rural-based organization, has identified transportation as the most urgent problem for seniors in the province today.

Transportation – Some Options

Mobility Club Programs
Clear-type transportation schedules and information
Expansion of transportation services for the disabled
Etc.

V. Employment

It is useful to look at the problems of employment for the elderly from two different vantage points. First, we must examine the barriers to continuing employment in the traditional, paid labour force. Second, we should explore opportunities for creative, meaningful employment outside the traditional workplace.

A. *Traditional, Paid Employment*

a) *Mandatory Retirement*

Mandatory retirement is rapidly becoming a major issue of public policy across Canada. Recently, a number of governments and/or their agencies have undertaken certain initiatives regarding the abolition of compulsory retirement. For example, in 1980, the Federal Human Rights Commission recommended in favour of the elimination of mandatory retirement and the Government of Quebec in June, 1981, introduced Bill 15 to eliminate compulsory retirement. (The Quebec Bill is ready for second reading). It is of interest to note too, that in its report of November, 1981, the Saskatchewan Human Rights Commission has likewise, supported its abolition.[9]

According to the Economic Council of Canada and Conference Board estimates, only 0.2% to 2.0% of the labour force would voluntarily choose to work beyond the age of 65. The vast majority of elderly people would continue to retire at or before the "normal" retirement age.[10] [11] Consequently, the abolition of mandatory retirement may not have a noticeable impact on the participation of senior citizens in the labour force.

I personally believe that seniors should be given the fundamental right to choose whether or not to continue employment in the traditional labour force, and therefore, am in favour of the abolition of mandatory retirement.

b) *Other Barriers to Employment in the Traditional Work Force*

The majority of seniors prefer to leave the labour force at or before normal retirement age; the question is why. One factor is the expectation of an adequate retirement income. Another is poor health. A third factor relates to the changing needs of the older worker. Currently, few employers have implemented changes such as flexible hours, job-sharing, or re-design of job activities to remove barriers faced by older people in the labour force.

Finally, for those people receiving full or partial GIS/SIP, current tax-back rates on outside income may significantly reduce incentives for elderly people to supplement their incomes through employment.

B. *Non-traditional Forms of Employment*

While many older people choose not to continue working in their occupation or trade after the age of sixty-five, many are interested in pursuing alternative kinds of activities for remuneration. In some cases, this may involve training or the development of skills and abilities which have lain dormant for a period of years. Community colleges, employers and other institutions have a role to play in preparing individuals for completely new jobs or job opportunities related to their previous employment.

Employment – Some Options

Abolition of Mandatory Retirement
Negotiate Changes in GIS/Tax-Back Arrangements
Information Programs
Setting an Example
Senior Skills Surveys and Resource Banks
Cottage Industries and Cooperatives
Opportunities in Government Programs
Seniors as Service Providers
Seniors Assisting Seniors

Etc.

VI. Education

Traditionally, education has not been seen as an activity of interest to older people. Young adults are expected to complete their formal schooling sometime between the ages of 16 and 30, and then enter the work force with the "educational" phase of their lives complete.

Rather than viewing learning as an activity of the young, or as preparation for the work force, education should be recognized as a life-long process of personal growth and fulfillment. Currently, special programs exist for senior citizens; for example, the University of Regina offers a series of non-credit classes delivered through the Seniors' Education Centre on the College Avenue Campus. Fees for participants are waived. The consumers of the programs have been given opportunities to evaluate courses and suggest topics of interest, and have generally been pleased with the overall concept.

As well, most community colleges in the province sponsor both general programs attended by seniors and courses planned specifically for the elderly. Recently, a pre-retirement program developed by the Department of Continuing Education has been tested in several colleges across the province. In government, Saskatchewan Health has introduced a pre-retirement program for its employees.

Studies reviewing the participation rates of adults in community college courses suggest that the elderly do not make use of these services as much as other sectors of the population. Possible reasons for this trend are: inability to pay the fees, difficulty in getting to the college on a regular basis because of inadequate transportation, negative attitudes about learning, lack of interest in course content, or inadequate publicity about available courses. In addition, approximately 25 per cent of Saskatchewan senior citizens have had less than 5 years of formal schooling, while about 73 per cent have not had more than elementary school training. All of these factors likely have an impact on the participation of senior citizens in college programs.

Education – Some Options

Encourage involvement of seniors in university and community college courses
Workshops and public awareness
Information for the elderly as consumers
Lifestyle planning for mature adults
Media programming for seniors
"House calls" by government personnel
Elderhostels
Etc.

VII. Fitness and Lifestyle

Several studies in different parts of the world suggest an improved health status, measured in terms of hospital admissions and medical consultations, for older people following good health practices, including regular physical activity. A number of well-known authorities on aging believe that a substantial part of the degenerative process attributed to "aging" may be due to habitual inactivity, rather than to true disease or any irreversible aging process.[12] [15] In fact, a special name has been coined for it, "hypo-kinetic disease", meaning literally "disease caused by diminished movement". Decline is neither universal, uniform, nor inevitable.

The greatest benefit of maintaining physical fitness in older people is the degree of independence it affords, a quality to be most prized in the later years of life. It is important to be able physically to come and go as one pleases, and these are the major benefits that regular physical exercise can help achieve. A well-rounded exercise program can considerably improve the existing level of heart-lung fitness, muscle strength and flexibility of the average older person. The main advantage of an increased range of motion for older adults lies in the attainment of an increased level of self-sufficiency in the performance of normal everyday tasks, such as dressing one's self, reaching for something on a high shelf, or being able to put on one's shoes without help.

Group participation and activity programs that decrease isolation and increase mobility appear most appropriate for older people. Within the limits of their physical abilities, older people should participate in a wide variety of recreational activities, which are both physically and mentally stimulating. Such group participation is preferably performed in housing projects, and activity and senior citizen centres, as well as nursing homes and hospitals - in fact, in any location where older people tend to congregate. *There seems little doubt that a great public service could be performed by actively encouraging suitable physical education programs for older adults across Canada.* It has been said that exercise is the closest thing to an anti-aging pill available. It can be a "miracle drug" free for the effort and the enjoyment thereof.[16] This is not meant to imply that exercise, both physical and mental, is a panacea for everything that ails the elderly. However, most authorities agree, and most active people experience the fact, that regular exercise is an effective form of preventive health care and the best means yet discovered for perfecting and preserving our natural faculties. Its psychological benefits are at least as important as its physical ones.

Dr. Roy Shephard of the University of Toronto[17] has attempted to compute the savings which might result from a program of physical conditioning for the elderly. He estimates that through its probable impact on heart, circulation and lung disease, physical activity could conceivably reduce the costs of acute and chronic treatment by at least a third. However, in his judgement, the biggest saving would likely come from a reduced use of extended care and residential homes. He furthermore believes that a *20% gain of cardio-respiratory (heart-lung) fitness could extend the period of independence by as much as 8.6 years and reduce the number of people requiring residential care by as much as two-thirds!* This, indeed, would be an impressive achievement both in human and economic terms.

As far as leisure is concerned, the elderly have more leisure time at their disposal than other adult age groups. Recreational activities are major factors in enhancing the quality of life; their nature and scope have an influence on the physical and mental health of the elderly.

Seniors are a heterogeneous group, interested in independently choosing how to spend their free time. A variety of leisure activities should be made available to older adults so that they may continue their already developed interests and have the opportunity to explore new ones.

Several government departments in Saskatchewan – notably Tourism and Renewable Resources and the Provincial Library - do provide recreational programs tailored to seniors' needs, as well as general programs with special senior discounts. It is recommended that since many retired elderly live on sparse and fixed incomes, government should continue offering leisure opportunities for this group at affordable prices.

Non-government organizations and volunteer community groups should also become more aware of the needs and interests of elderly people with respect to recreation. Government has a role to play in assisting these agencies to develop leadership required to plan, organize, and implement recreational activities with senior citizens.

Fitness and Leisure – Some Options

Recreation and fitness training programs
Recreation and fitness holidays for seniors
Parks programs
Increase information on available programming
Etc.

Related Issues

VIII. Fragmentation and Lack of Co-ordination

Fragmentation and lack of co-ordination are recurring themes in any discussion of programming for older people. Problems occur at the planning, development or implementation stages and involve federal, provincial and municipal governments, as well as non-government community agencies. In many instances, no ongoing consultation process or mechanism is in place to ensure that various government departments and community agencies communicate with one another regarding general program mandates or specific services and activities for the aging. Similarly, channels of communication between different levels of government regarding funding or objectives of senior citizens programs have often not been developed. While this lack of co-ordination at the centre has a negative impact on program effectiveness and efficiency, fragmentation of services is also common at the local level. In a particular community, the various service providers (government and non-government) may not have met, and indeed, may not even know of another's existence. It is important to develop mechanisms to overcome this lack of co-ordination in order to evaluate and maximize existing resources, and to determine requirements for additional programs and services.

What is more worrisome is the fact that, more often than not, senior citizens themselves are not involved in the planning or developing of these programs. It is recommended that provincial governments actively seek the advice and participation of seniors by asking the people for whom the service is intended whether they feel it is important, whether it is adequate to their needs, what the program should look like, how it should be delivered, and by whom, etc. Only with this kind of input can one be sure that the needs and priorities of the group are being met.

Given the fragmented nature of services available, it is not surprising that many of our older citizens find it difficult to learn about and take advantage of all the opportunities open to them.

Fragmentation and Lack of Co-ordination – Some Options

Interdepartmental co-ordination
Senior Citizens' Bureau
Etc.

IX. Need for a Balanced Approach

Senior citizens face a number of problems including inadequate income, lack of appropriate housing and transportation, need for expanded health and social services, and lack of appropriate opportunities for employment, education and recreation. Income, while the most basic of these needs, should not, however, be emphasized to the exclusion of other needs. *In order to improve the quality of life for the elderly, a balanced approach should be taken to development of programs and services.*

Senior citizens should be consulted and must be actively involved in developing programs for their benefit. Self-help should be encouraged to the greatest extent possible.

Planning and programming for seniors should recognize:

- the need of the elderly for a sense of dignity and self-respect;
- the need for programs to be flexible and sensitive to the *wide variety of senior citizens' interests and requirements.*

Many of the problems faced by the elderly are shared by other disadvantaged groups in society. Program and service options should be carefully reviewed to determine whether they could have beneficial "spillover" effects on other groups or could be modified and extended to other groups. There may be a number of instances where overcoming problems of the elderly in, e.g. physical access to buildings or services, would also resolve problems for other groups such as the disabled.

Wherever possible, senior citizens should receive services from mainstream programs and delivery mechanisms.

X. Professional and Public Attitudes

There are several barriers which inhibit the elderly from leading fully integrated and satisfying lives. One of the most critical may be the lack of understanding of old age which persists in both professional and public spheres.

At the professional level, this can be observed in medical clinics, business boardrooms and government offices. Only very recently have doctors and nurses in Saskatchewan received some formal training in the special medical problems of old age, while recreational specialists, urban planners, and personnel managers receive little, if any guidance on how to apply their particular skills to the needs of the elderly.

Especially visible are the unrealistic notions and attitudes about older adults propagated through the marketing and advertising industries. Elderly people are often depicted in the mass media in stereotypes which do not reflect the heterogeneous nature of this section of the population.

Stereotyping of the elderly is not limited to professional groups. Unfortunately, both the general public and the elderly themselves often equate aging with physical and mental impairment, loneliness, and dependence. While these are characteristics of a number of older people, they do not realistically reflect the lives of the vast majority who live within the community. The mass media, professional groups and the general public ought to be better informed about the aging process in order to foster positive social attitudes and to improve the elderly's image of themselves.

Professional and Public Attitudes – Some Options

Involve seniors in community life
Public information campaigns
In-service training for government employees
Curriculum review – kindergarten to grade 12
Grants and awards for special achievements by seniors
Increased information on aging in university courses
Continuing Education courses for physicians, nurses, etc.
Etc.

Conclusion

Ladies and Gentlemen:

In this brief and somewhat *piecemeal* review I have dealt with major areas of need as I see them, and have also suggested some options which might be considered in future planning to meet them.

Let me conclude what I have to say by quoting from the poet Robert Browning, who nearly a hundred years ago, said it *all* in 6 immortal lines:

> Grow old along with me
> The best is yet to be,
> The last of life, for which the first was made.
> Our times are in his hand
> Who saith "A whole I planned,
> Youth shows but half; trust God: see all,
> nor be afraid!"[18]

Thank you.

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Panelist's Response: Ronald Bayne

This presentation will focus on the health needs of the elderly and what services or interventions may be required. In Canada, as in other developed countries, the population age 65 or more uses the health care system very extensively. In Ontario in 1978 they accounted for about 1/3 of hospital bed days in acute and allied hospitals, and the cost for all institutional services for them was 5 times greater than for the rest of the population. The steady growth in numbers of persons age 65 or more and of their percentage in the Canadian population has given rise to alarm. Thus, although throughout history mankind has striven for longevity, now that it is a reality for most people we express concern and anxiety.

Instead, let us look rationally at the issues involved, and try to identify facts on which to build a health care system that is sensible for the population and the tax payer, and yet sensitive to the needs of individuals. First we must cease to think of the elderly population as a homogeneous group. Each person at birth expresses a unique combination of inherited characteristics and the subsequent experience of living increases the diversity. Each elderly person is an individual different from others of the same age and from those in previous and subsequent generations. It is sometimes thought that the increased longevity is due to improved physicians services and medical care. These can be very important for individuals but do not account for the greatly increased survival of the whole population. The improved life expectancy is due to control of the major epidemic diseases such as diphtheria, scarlet fever, typhoid and typhus, and of tuberculosis, and improvements in nutrition and hygiene affecting chiefly children and young adults. A male or female child born today can expect to live to their early or late seventies. Much less effect has been seen on the life expectancy of persons already 65, who have gained only 1 or 2 years in expectancy over those who were 65 in 1900.

Although most children and young adults in our population are well, most elderly persons have one or more disease conditions present, such as coronary heart disease, arthritis, and pulmonary disease. The majority of persons consider themselves well because they occur in later life and are increasingly prevalent with increasing age. It is better to recognize them as diseases that begin earlier in life and may be treatable or preventable. Indeed, it is now evident that mortality from stroke and coronary heart disease has been declining for the past 20 years in North America. Although not yet achieved, cessation of smoking by the population would very greatly reduce cancer of the lung, one of the common causes of death at present.

Aging is a process that affects us all. Humans have a genetically determined life span of about 100 years and there is no evidence anyone has lived beyond 110 years. The effects of aging can be detected early in life in those who demand maximum physical performance from their bodies, but for most of us it does not significantly affect our life style until age 75 or more. Even then, unless a disease condition such as stroke has occurred, we can continue quite independent in a safe environment. Our aim in preventing and treating disease occurring in late life is not to increase life expectancy and prolong existence, but rather to preserve health and independence in those years now available to us.

Several opportunities and indeed requirements for action can be identified from this. Although life expectancy at birth has increased so much since 1900, not all persons born today will achieve this expectation. Babies born into deprived circumstances do not have such opportunities, and elderly persons in poverty have more illness and require more hospital care than do the more affluent. Social justice demands that we analyse and correct these inequities. Economic self-interest requires us to identify the high risk groups for preventive action to reduce excess hospital usage.

The decline in mortality from coronary heart disease and stroke parallels a decline in consumption of fats in the diet and may be due to better health habits and health care. Research is essential for prevention of other disease of later life, especially for such conditions as Alzheimer Disease that have such devastating effect on life style and human relationships.

We have noted already that the elderly are heavy users of health services. Analysis of the excellent longitudinal studies of the elderly population in Manitoba reveals that a small number of elderly account for a high proportion of usage. Some characteristics of this high risk group have been identified, such as advanced age, low self-perceived health status and increased self reported health problems. There are others whose self perceived health is better, who require less hospital services and who continue over time to maintain health and independence and how we can help others to do so without interfering with their personal freedom and autonomy.

The majority of elderly persons have one or more disease conditions but the majority consider themselves well. It is sometimes suggested that surveys of this population should be done to identify these conditions. However, unless these conditions are clearly treatable or preventable with our present knowledge, and unless we know people want to know and to be treated, we should be cautious or we may convert a majority who now know they are sick. For this reason the Canadian Task Force on Periodic Health Examinations recommended that a careful enquiry should be made of the person's ability to function at home by a public health nurse visiting at home or by the personal physician when the person is visiting the office for any reason. The advantage of such an approach is that if a treatable condition is identified, the professionals can proceed to appropriate action. Moreover, such action might be broader than medical treatment alone and would look into hazards in the home. Where special diagnostic or medical management problems are present, specialists in geriatrics, psychogeriatrics, gerontological nursing, occupational therapy, recreation, etc., are valuable back up.

Despite increasing frailty with advanced age, most persons can continue to live in their own homes and prefer to do so. We must learn more about modification of the home to make it safe, modification of the community to make it safe and modification of our transport systems to allow mobility. Community support services such as home nursing, home care, meals on wheels, home maintenance assistance, and special programs such as seniors centres and day therapy centres are important.

Institutional long term care is necessary for those who cannot continue living at home. Such environments must be pleasant, and encourage independence both in activity and in decision making about the peron's own life. Varying degrees of medical and nursing care may be required and it is essential that the person should receive what is needed. This requires assessment of the functional capability as well as the remaining assets. A system such as the Placement Coordination Services in Hamilton and in Ontario, or in Manitoba and British Columbia can improve the appropriateness of placement for long term care. We believe it is very important to allow the patient, family and personal physician, as well as the receiving facility, the decision of whether to accept or refuse the placement within the recommended type of care. Much more information is needed on the design of residential institutions, especially those for confused and ambulant persons, and how they should relate to community and other institutional services.

Finally, coordination in planning of services is essential. This should be done by persons acquainted with local geographic and climate conditions, the cultural attitudes of the population and ability to provide care at home and the understanding of the health and social service professionals. I believe valuable initiative and imaginative innovation can come from citizens including seniors who are involved as volunteers in the provision of services. While some contribute through direct contact with elderly persons needing support, others contribute as agency board members and concerned people.

Underlying all these recommendations and suggested actions must be an acceptance by the Canadian population, governments and professionals of the philosophy that each individual is important and valuable and the ethical conviction that services and professionals must be dedicated to the persons served. Priorities have to be established to ensure those in greatest need are helped, but political expediency, career, ambitions, or labour-management dispute must not be allowed to blind our perceptions or dull our sensibilities.

Panelist's Response: Christine Morris

One of the problems which arises when delineating needs and planning services for the aging is that there is a tendency to treat the aging as an homogeneous group. In part this is a result of fiscal considerations, in part it is a result of benign control and stereotyping. Whatever the reason may be, however, this practice is a disservice to the aging population of Canada which reflects the multicultural composition of the population as a whole. Therefore, programs and services developed to meet the needs of Canada's aging must take into account ethnic and cultural differences.

Current gerontological theories may not be appropriate to the study of ethnic minorities as they do not take into account the following important factors:

a. Cultural origins and language differences.
b. Life history as an unique group.
c. Age related changes that occur regardless of early learning.
d. Expectations concerning what it means to be old.

Ethnic minorities in Canada suffer from what has been described as "double jeopardy." The problems attendant upon aging are complicated by racial discrimination, and on the part of some groups, severe economic deprivation. Further, in those instances in which cursory attention is given to the problems of ethnic group differences, there is the tendency to lump them all together. This is a further disservice, since ethnic groups have intergroup differences as well as in group differences.

The value of continuing participation and one's ethnic group as a social support system has been clearly proven in studies conducted on several ethnic groups. These studies show that the ethnic aged who maintain frequent participation in their ethnic group experience greater feelings of well-being and life satisfaction. Since individuals are members of an ethnic group a lot longer than they are members of the aged group, it is evident that membership in that ethnic group will supercede and have greater meaning for the individual than membership in the elderly age cohort. unless of course, membership in the age cohort is culturally defined.

In conclusion, I would suggest that planning for the provision of services to the aging must be directed toward the question of double jeopardy; ethnic and individual differences; the inclusion of ethnic group members as active participants in programming and the provision of services; and, the recognition that the quality of life of the aging requires human dignity in addition to the provision of physical needs.

Panelist's Response: Douglas Rapelje

I am pleased to have this opportunity to participate in this very important Symposium on Aging and to respond to Dr. Skoll's paper – "Needs and Related Services".

As time is limited, I will only attempt to raise issues in three or four areas, but I hope that throughout the week, there will be other opportunities to discuss other important matters.

The thrust of your Symposium is to develop "Guidelines for the Future". Possibly the best way for me to start is to introduce the following priorities for Ontario, as set out in the recently released Task Force on Aging Report, entitled "The Elderly in Ontario: an Agenda for the 80's", which reads as follows:

The Government should:

1. continue to encourage use of personal family and community resources to meet the challenge of aging;
2. continue to encourage development of lower cost alternate forms of health care;
3. continue efforts to encourage the most economical use of existing institutional community resources;
4. evaluate evolving economic and service trends in order to anticipate needed program changes; and
5. respond selectively to future needs of the elderly in recognition of the improved situation of the 'average' elderly, and the shifting character of the 'future' elderly.

Are these major goals in your planning for the elderly of Alberta? I imagine this conference will help decide and determine the issues and exert a positive influence on attitude.

Delivery System

Probably one of the most critical issues is our delivery system.

I am sure we all realize that our human service delivery system has become unbelievably complicated, repetitive, competitive and indeed wasteful, in terms of human and natural resources.

As well, we do not have a common terminology when referring to services that are provided by the system. For example, there is not always agreement on what "long term care" means.

The phrase "long term care" is relatively new in the vocabulary of *professionals, researchers*, the *public* and *government agencies*. It has, in the past referred primarily to care in institutions of various types.

The definition I prefer is this one:

> Long term care refers to one or more services, provided on a sustained basis to enable individuals whose functional capacities are chronically impaired to be maintained at their maximum level of health and well-being.[1]

You will note this definition does not require that these services be provided in an institution.

I suggest that if we have any hope of developing what I term the 'continuum of care model' then we must clearly define what we mean by long term care and not talk about alternatives to institutions. We must accept the institution as one of a range of services to complement the overall delivery system. This is the model we have attempted to develop in Niagara, providing a range of options to the client with one point of entry.

In my visits to Alberta, there has been much concern expressed about the number of elderly in institutions and particularly questioning the role of your lodges.

I would like to quote from your report, "Alberta's Seniors: The People and Services".

> Lodges are intended for the "well elderly" but a survey made in 1978 indicated that approximately 25% of the residents whose average age was 80 used some physical aids, primarily canes. This survey also showed that lodges had a vacancy rate at the time of approximately 12%.

Further quotes:

> The majority of older persons in Alberta are healthy and able to care for themselves.
>
> Studies in Alberta and elsewhere suggest that approximately 15-20 percent of the older population may be in need of help on a continuing or intermittent basis, due to disabling conditions.

I suggest three important issues are raised in the foregoing statements.

First – why are the "well elderly" in any type of institutional setting? Is it possibly because there is an ineffective access system to services or lack of viable choices? In our homes for the aged in Niagara, we have empty beds that are allocated to residential care because our community support programs allow the "well elderly" the option of staying at home.

Two – we need to recognize that the majority of older people are functioning well and independently in society, even though they may have one or more chronic or other conditions. Again the question is – how can our system provide services which promote *wellness* and *independence* for the longest possible time and which recognizes the important role played by the families.

Third – with the increased numbers of older people facing disabling conditions and placing new demands on health and social services, what is the most efficient and effective way to delivering these needed services? I would suggest for example, that our system has failed to properly address the special needs of the psycho-geriatric patient.

I believe answers to these questions lie in a "continuum of care model", coupled with an effective assessment and placement service with one point of entry to the system.

There is one significant factor, however, that I believe is being ignored and must be recognized in our attempt to plan for the future; that is the fact that the 'old-old' or '85 and over' will increase by two and one-half times by the turn of the century.

In Niagara, we have developed a range of community support services, resulting in residents being admitted who are older and frailer. Basically, the resident profile has changed drastically. You must expect this to happen if you believe in the 'continuum of care model'.

The growing number of elderly are going to be different, different in their *expectations*, different in their *profiles* and different in the *way their needs are met*.

Let's look at a few examples...

- The elderly in a few years will be better educated, better consumers, better users of the system.
- They will know how the system operates and they will make demands on it.
- They will be better off financially.
- They will question their care more readily and will demand a clear and explicit declaration of client's rights.
- They will be able to provide more self-help with minimum guidance.
- They will assume more of an advocacy role and with the greying of our society, will exercise more political clout.

Luvern Molberg, a planner in long term care, expresses my vision of the future, when she had this to say:

> What we have to produce and manage in long term care tomorrow, has not yet been conceptualized today. I say that because in aging we are going through a period of major social change. We are reordering our thinking, what we know is far ahead of what we have produced and we do not have a total acceptance of understanding of the way to go. These are very common characteristics of social change and that's where we are today.[2]

One major issue facing this province and all others is the question – what is the most appropriate care model?

Many feel the *multi care model* which provides a range of community support services, independent living, residential services and institutional care is the most effective way of delivering services.

Sounds good! But how do you put it together with our present government and bureaucratic system?

My visits to Alberta and my reading about the province suggests that there are only five characteristics that set the Alberta environment apart from some other provinces:

- Many small towns and villages widely distributed geographically. Often the elderly wish to remain in these communities, to which they have ties;
- A comparatively high rate of institutionalization for its elderly;
- Relatively under-developed community-based services such as home care, home support services, and day care;
- Substantial capital investment in its network of senior citizens' lodges, an elderly shelter program unique in Canada. In some communities, there has been a decline in consumer demand and the role of the lodges is becoming significantly different from the original concept; and
- Alberta does not face the same financial pressures that many other provinces are

currently encountering.

While I served as chairman of the Ontario Advisory Council on Senior Citizens, we undertook a study entitled "Understanding the needs of the rural elderly." As previously stated, this seems to be important in Alberta, as it appears Alberta's older population tends to be more heavily concentrated in rural areas. I suggest the model to service the rural elderly adequately has yet to be developed.

When we talk of planning and providing services, we seem to think of unsurmountable barriers, as so many of the programs fall under *different ministries, different legislation, different authorities,* which seem to make it virtually impossible to achieve the co-ordination for which we strive.

In Ontario, there are sixteen pieces of legislation related to the elderly, covering twenty-five different programs.

In most provinces, it seems virtually impossible under the present system to develop a co-ordinated and effective delivery of services, when so many ministries control the authority for developing different sectors of the system and we do not have one "paymaster". On the other hand, at the community or provider level, the delivery system is operated by a range of authorities in the *public, private,* and *charitable* sector, often identifying the role they would like to play in the system, but not necessarily reflecting the highest priority for client needs.

This raises another question. If we are to have services delivered by the profit and non-profit sectors, can we achieve similar standards in both sectors?

Our present system in Ontario has a "hydraulic effect"! When you push the button at one point in the system, it bulges or impacts on another, because we lack the ability to co-ordinate.

To succeed in developing an efficient and effective delivery system, we must reach for the highest level of co-ordination.

Dr. Skoll would seem to support the continuum of care approach, when he states –

> In order to improve the quality of life for the elderly, a balanced approach should be taken to development of programs and services.

As well, his reference to seniors' involvement in program development and encouragement for self-help, sense of dignity and self-respect as well as program flexibility, are important considerations.

His emphasis on preventative services, enriched community services, as well as his reference to lack of co-ordination are recurring themes in any discussion of programming for older people.

Institutional Care

I want to briefly raise a matter which I believe is an issue in long term care.

Our present system of *labelling institutions* and *people* has failed in most provinces. Institutions are losing their identity in the system and, often are providing a higher or lower level of care than that for which their mandate calls. Most governments seem to have trouble dealing with this change.

In Niagara, a recent health council study showed we had 302 residents of homes for the aged needing heavy care (which exceeds our mandate), 15 chronic, 1 active and 1 rehabilitation care.

Possibly we need to first consider the client's needs with a one-stop institution, where the individual makes one of two moves – to an active hospital or back to the community and with the government funding recognizing the care given, also, the doors of long term care facilities must swing two ways.

Housing

Turning to housing, Dr. Skoll has raised many important issues. I will make only two points.

First – The problem in special housing for the elderly is the question of how far you go in providing support services before you turn them into institutions?

I suggest the services in special housing should be the same as those available to older people living in their own homes.

Second – If we provided the same subsidy to people living in their own homes, as those living in special housing, would it allow more to remain in their own homes? In Ontario the average senior citizens' housing unit is subsidized $238, per month.

Again, in Niagara, we have attempted to provide housing options in programs such as home sharing and foster group homes.

We must continue to look for housing options and even intergenerational living as well as promoting generally, intergenerational involvement and programs.

Access

I suggest that closely related to co-ordination is the issue of *how people access the system.* How can we improve the present dilemma which will result in *effective* and *efficient* use of our over-burdened resources. I believe it can best be achieved through a strong "assessment and placement" service, with *assessment* units that will help control the use of services and clinically determine the true condition and needs of the individual.

Important to the success of an assessment and placement service is the committee support of agencies to the concept and the attitude of the *professionals* within the system.

As you know, people usually access services through the individual agency, which has its own criteria and usually has identified its role in the system. Only the agency is interested in determining if the person is acceptable or not acceptable for its services.

Possibly, we have struggled too long to co-ordinate the providers within the system and should now *concentrate on co-ordinating the client with the appropriate provider.*

In most communities, there is not a focal point where people can obtain information. Again, this often leads to misinformation or no information. So, I suggest that we have to *improve information services*, as it can greatly influence the outcome of the client's decision.

Assessment and placement may be the answer to community co-ordination, to reaching the goal of matching the client with the appropriate service. As each community will be different, the bottom line is this – you can only choose from the services that are available.

We have many forces that are counter-productive. Depending on where we work in the system we get brownie points for different reasons.

In some cases, we get brownie points for emptying the beds and in other cases for filling the bed, depending on whether you are the discharge planner, the caseworker, the doctor, the family, the politician or the administrator of a facility.

Finding the appropriate model is of course the question.

I suggest that how people access the system, to a large degree determines how effective and efficiently it delivers the services. This is the only way to ensure that people receive the proper level of service, if in fact they even need the service.

Funding

There is increasing concern about the effective use of the Health and Social Services' dollars. There is a need to develop administrative and funding arrangements which encourage innovative programs, but still assure adequate linkage with existing services, *to avoid duplication and irrational client charging policies.*

I am not too familiar with funding and user fee policies for all provinces. However, I want to briefly raise the issue of user costs, as I believe they greatly affect how people interpret and use our present system. Dr. Skoll makes an important point when he stated:

> Policy makers must weigh the implications and effects of straight cash payments against those of subsidy and related payments.

We tend, in most provinces, to assume that at age 65 all people are poor.

I believe old people in long term care institutions are often much better off financially than many older people attempting to remain independent in the community on an old age pension and in receipt of gains.

Also, we apply higher user fees for people to stay independent in the community by using community support services, as normally there is less subsidy for these programs.

Simply, there should be at least equal financial incentive for the elderly to stay in their homes. New figures from Ontario I believe clearly makes the point.

Long Term Care Institutions

1970 – 70 million
1980 – 455 million (600% increase)

Community Services

1970 – 10 million
1980 – 40 million (400% increase)

This is a major issue and more emphasis and a shift of our resources must go into *preventative and supportive programs*, particularly as we look at the projected demographic changes in our society. Also, there must be a shift of recourses from the *young to the elderly.*

My earlier comments suggest that Alberta is underdeveloped in the areas of support and preventative programs.

It has been acknowledged that the family is still, by far, the greatest care giver. For many families, they can only continue to cope, if our community services provide them with periodic support and relief.

I also want to raise the question of capital and operating funding.

I suggest that one of the reasons our system has developed in the present way, is the fact there has always been much more funding available to provide institutional care, serving 8% of the older population, than there has been for preventative or supportive services, to provide service for 92% of the population.

With the present financial climate, I suggest there must be a renewed effort to promote the volunteer sector and to define roles for service clubs, churches, etc. It seems *impractical to believe that government can provide for all of our needs from the cradle to the grave.* There are many services which can be provided with little or no government funding.

A major issue is the *rationalization of program funding* and *user fees,* which have had such an influence on how the system developed and will develop, on how clients perceive and use the system.

Conclusion

I believe Dr. Skoll has raised in his paper the main issues which face us now and in the future.

In this paper, I have attempted to look at what I believe are some of the priorities, and you have probably already gathered that I believe in a system that supports and promotes independence for the longest possible time.

This I believe will only be achieved when we can better co-ordinate our resources, better identify priorities, better planning for the future and involve those we serve. Then we may achieve a 'continuum of care model', responding to the needs of the elderly. A system that, on the one end of the spectrum recognizes that the majority of the elderly are healthy and able to care for themselves, recognizes the 15-20% who have a disabling condition and recognizes as well, all those in between.

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5. Rapelje, D.H. "Alternatives – How do we make them Happen?"

Panelist's Response: Enid Thompson

I am very pleased to be a participant in the Alberta Symposium on Aging. I am excited by the format of the Symposium, I am tremendously impressed by the quality of the preparation done by the planning group of this Symposium, and I look forward to working together with all of you on the issues and questions raised.

It has been difficult to select from the many areas of needs and related services presented by Dr. Skoll. I wish first to draw our attention to some thoughts which may serve, to a degree, as fundamental to discussions over the next two days. I found these thoughts constantly running through my mind as I prepared this presentation.

Dr. Skoll referred to the question about how the elderly might choose different services than those available had they the financial resources for fully independent choice. In other material prepared for this Symposium reference was made to the extent to which service modes become institutionalized and heavily structured in our Society. An example of the first occurs in most provinces where there has been extensive construction of housing for the elderly taking many forms – small units, high-rises, some segregated, some established within housing of other age groups, etc. There has been waiting lists for and pressure for more housing. In at least one jurisdiction when a housing subsidy was introduced to provide a rental subsidy for housing on the open market, the waiting lists reduced and even some vacancies began to occur. I believe there may be other factors, in addition to the shelter allowance, which affect the utilizing of elderly persons' housing by the elderly. The point is that, given the opportunity, some are choosing other housing alternatives. The housing provided and conceived, while it does meet the housing needs of *some*, and it *may* meet the housing need of *many*, it also does *not* meet the needs of some others. I wonder to what extent that might also apply to the programs currently provided in other need areas?

This leads me to one final thought before I proceed more specifically. The needs of us aging persons are individual and changing. A speaker at a conference recently referred to the aging population as "a moving target." It is true. How will the needs of the aging of tomorrow be different from that of today? As we proceed we must bear in mind, not only that needs are individual, but that we must plan for needs as we believe them to be *and* as we believe them to be changing.

I wish to comment further on housing, on information and 3 from an understanding of a range of need, could maximize the output from any service or program, on the importance of the local community in meeting need including transportation, and, finally, on support services for care.

Housing

When we think of housing for the elderly, what do we think about? I believe we think about the elderly having peer companionship, able to have activities and to do things together. We think about convenient sized living space, health and safety. But do we think about segregation, about separation from neighbours and friends, about distance from family and usually from the familiar neighbourhood? I think it is interesting that a Study[46] completed in Manitoba showed that the same percentage of elderly in congregate facilities (housing and nursing homes) experience moderate to high isolation as do those living in their own homes in the community!

Is the housing we are building the milennium we think it is? I know some in elderly persons' housing who think it is great. It is just what they wanted and they feel very secure. I also know others who regret the day they moved but it was all they could afford. They hadn't realized how quickly they would feel "cut-off". They feel they are aging more rapidly living among other older persons. Obviously with each of these persons, their former and current life style is different.

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[46] Province of Manitoba, Aging in Manitoba: Needs and Resources, 1971.

Many jurisdictions are experiencing serious problems associated with elderly persons' housing as the population ages together. It may be the same in Alberta as I notice that your housing program began about the same time as it did in some other provinces. Many people in many projects are now experiencing problems with shopping, nutrition, mobility, health and personal care, etc. How are these concerns being dealt with? In some places, and perhaps in Alberta, there is much discussion about setting service *into* housing and, even, of attaching housing to nursing homes.

Are these needs of these aging elderly in housing projects different from those of their counterparts who are aging in their own homes/apartments in the community? Many of those who work with the elderly in their own homes/apartments and with those in housing projects believe that they are not different, but are the same. Generally, as older persons continue to age, they do experience problems with shopping, with the heavier cleaning tasks, with transportation and with access to social contacts.

If the unmet needs of the elderly living in their own homes/apartments are being met through related community services, are such services not reaching those in housing projects? If not, why not? If community-based services are not in place to relate to some needs of the elderly, whether they are in their own homes/apartments or in housing projects, what are these needs? How can services be put into place? Additional questions could include:

Are there not ways of combining the meeting the needs for both the elderly in their own homes/apartments and those in housing projects from community-based services to strengthen community living?

- OR -

Should we place services directly into housing which would make housing an even more total environment to create further segregation?

- OR -

Do we need to consider forms of housing which would more readily foster integration in the community?

- OR -

Do we need some of all of the above to approximate meeting the highly variable configurations of need among the elderly?

I have some concern that our Society could repeat, with housing for the well and frail elderly, what we have seen happen with those who need care – a perpetuating preoccupation with the construction of congregate living places. If housing becomes more and more sophisticated with services built in, it will become more and more a total environment. Such housing will, of necessity, for economy, be of the larger variety. What happens to community living? What happens to remaining in the familiar environment? What happens to the resources needed to enhance community-based resources and supports?

Information

Dr. Skoll made reference to Information. I wish only to stress "information" as an important unmet need and to suggest further, the need for the linkages necessary to assure that information is disseminated and that the services/supports, in turn, are accessible. In the same Study in Manitoba to which I referred earlier, accessibility of services was consistently the highest *un*met need of the elderly in all communities throughout the province.

Fitness Programs

Reference has also been made to the value of exercise and fitness programs. Would there not be further value if some part of such programs could directly, as well as indirectly, relate to the activities of daily living? e.g. to teach preferred ways of snow shovelling, vacuuming, kitchen activities, gardening, etc.?

The Importance of the Local Community in Meeting Need

I wish now to make some comments on local community resources and supports. You may be better off in Alberta than is the case in Manitoba. In Manitoba we find that some elderly approach the Home Care program – not because they need care – but because the helps or supports they need are not available in the community, or are not available in the amount or degree which they require. With every formalized program or service, there is some degree of prevention against hardships, against unnecessary isolation and against premature illness. However, Aging will depend most on what happens in local communities by way of normal living supports for elderly citizens. Society takes for granted its joint responsibility for transportation for children and adults – why not for the elderly? We take for granted the necessity to place schools and activity centres at reach of children – why not at reach of the elderly – or – if not at reach for all where they are – then for transportation and assistance to reach such? Many things are now being done as Dr. Skoll suggests. We can go much, much further.

Now, I turn to that portion of the aging population who have care needs and are in need of care services – first with some comments concerning care at home and then with some comparisons of care at home and institutional care.

There are those among the elderly who require care at home on a short term basis. I am thinking of those elderly whose care needs for services at home are continuing and longer term.

In Manitoba, the Home Care program, not unlike programs in other provinces, provides a wide range of professional health, other health services and a range of household, attendant services, volunteer services, supplies and equipment to support care at home. There is no charge to consumer. Referral can be from any source. While clearly there are some whose care at home to prevent institutionalization requires the professional health services provided under this program, we most often find that the real crunch rests in meeting other needs – needs which the persons cannot perform, which family members cannot perform or, from which family or other care giving persons require relief. These needs include keeping the house clean, doing the laundry, preparing meals, supervising a bath, assisting with getting dressed, moving about the house, and maintaining adequate social contacts.

Home Care in Manitoba can meet the needs of any level of care short of acute hospital care. The key is in a multi-disciplinary assessment with the elderly person which takes into account the person's life-style and which provides for an identification of what the alternatives may mean to the individual person. The need for care is an individual matter.

There are inherent differences in the potential for care planning for the individual living in his/her own home and for the individual living in a congregate setting such as a nursing home. My comments above concerning housing – "segregation", distance from family and friends and the familiar – apply to the nursing home – often to a greater degree by reason of greater distance. There are still other differences. Where persons are congregated, most services must be regimented by time and/or content, if not hourly or daily at least by some time routine (e.g. meals, getting up, unlocking and locking of doors, laundry, baths, etc.). By necessity of the "congregation", certain standards which can affect individuals differently must apply. Here I am thinking of the standards of some aspects of personal hygiene, grooming and dress, housekeeping matters, even the texture and colour of drapes and bedspreads.

In contrast, care at home can be individually tailored. Those who are still able to plan for themselves can do so, whether or not they can carry out the requisite functions. They are still able to undertake all the functions they are able to perform. If they can make some of their meals most or some of the time, such can be accommodated with care at home. The person and family need not be asked to accept a "packaged" plan. With care at home, it may not be possible to meet all individual needs on the basis of individual-preference all of the time but it is possible most of the time to meet most needs based on individual preference.

Home Care, where it is appropriate care, is less costly economically than institutional care. Only those services needed, need be offered. Only the degree of service needed, need be offered. Family and neighbour assistance can be supported, and sustained through relief services. Home Care is also less costly in the "savings" to the individual in independence, in life-style and in self-worth.

In 1963 the first Canadian Conference on Aging was held in Toronto. A keynote speech then was entitled "Segregation or Integration?" Another saying of the 60's was "Now that we have added years to life, let's add life to the years." As we entered the 70's, I recall this saying changing to "Now that we have added institutions to the lives of the elderly, let's add life to the institutions". Since then there has been some return to the support of normal community living. What will be said about the 80's? I leave that to you.

Summary of Discussion Groups

The following provides a joint summary of the major issues and problems identified by the two discussion groups (F1 and F2) on "Needs and Related Services", and a summary of the directions and recommendations proposed for addressing these issues. Given the broad scope of topics subsumed under the subject area of "Needs and Related Services" discussion in these workshops was wide-ranging, and in-depth examination of all topics was not possible. Accordingly, discussion of topics covered by other workshops (e.g., income support, employment/retirement, and education) was limited.

For the most part, specific topics of discussion fell into the major areas of need identified by Dr. Skoll in his keynote address (i.e., Income Support, Health and Social Services, Housing, Transportation, Employment, and Fitness and Leisure). In addition, it is noteworthy that several general issues, themes, and philosophical beliefs emerged throughout the discussion that often guided, directed (and sometimes hindered) discussion. These are briefly summarized as follows:

a. The primary goal of programs and services for seniors should be to keep seniors healthy, independent, and living in their own communities for as long as possible.
b. Planning and policy development in the area of seniors should focus more on the fact that the major proportion of seniors are well-elderly.
c. There should be more focus on the life cycle, or the continuum of life, rather than the present focus on age-specific groups. (There is need for life cycle education and an increased awareness of the aging process.)
d. Reflecting the focus on the continuum of life, the issue of the segregation of services for the aged versus the integration of services was raised. Should we be planning *special* services and programs for seniors?
e. The issue of instituting a standard single means test for all services versus eliminating user charges and making all services universal was raised.
f. There is a need for intergenerational contact and activities.
g. The problems experienced by seniors are often more extreme or serious for the rural elderly (e.g., transportation, availability of housing and institutional health care options, etc.).
h. *Fragmentation* and *lack of coordination* is the major problem in provision of programs and services to seniors.
i. There is a general lack of knowledge about programs and services that are available to seniors.
j. There is a need to include seniors in the planning and decision-making related to programs and services for seniors.

Discussion of specific issues is summarized in the following according to seven topic areas: Health and Social Services; Housing; Transportation; Education; Special Needs of Ethnic Groups; Employment; and, Fitness and Leisure. Within each general topic area, specific issues or problems are identified and major recommendations/directions are proposed.

I. Health and Social Services

A. Home Care

Problems/Issues:

a. *Medical entry model* criteria for eligibility used by Alberta's Coordinated Home Care Program is *too restrictive*. Currently, only those requiring some type of medical care can receive services through the program. This excludes a large number of the well-elderly who do not require medical-oriented care, but who require some support services (homemaker or handyman) in order to remain in their homes.

b. Range of services currently provided through home care is too restricted.
c. Geographic variation in provision of services. Services are not offered 24 hours a day, seven days a week, in all areas. (The frail elderly living at home need assurance that they can reach help at all times.) Range of services offered varies across the province.
d. Lack of coordination with the institutional system.

Recommendations:

a. Abolish need for medical entry as the criterion for eligibility for home care.
b. Expand the range of services standardly offered by, or coordinated by, home care to include: homemakers, home-maintenance/handyman, nutrition, meals-on-wheels, etc.
c. Place home care in FCSS with other home support services.
d. Expand the hours home care is offered to ensure that emergency service is always available.
e. Introduce geriatric nursing surveillance programs by public health nurses with a link to home care program.
f. Introduce outreach programs or surveillance "buddy" systems (particularly in the rural areas).

B. Home Support Services

Problems/Issues:

a. Inadequate development of home support services, particularly "chore" or maintenance services. (Inadequate snow removal programs appear to pose the most serious problem.)
b. Problems in obtaining personnel to provide home support services either on a voluntary basis or for payment.
c. Prohibitive costs associated with such services.
d. Lack of coordination of home support services.

Recommendations:

a. Develop corps of local resources for providing services (e.g., school children, seniors helping seniors).

C. Drug Usage

Problems/Issues:

a. Over utilization of over-the-counter drugs.
b. Over prescribing of drugs by physicians.
c. Over medication of residents in institutions.

Recommendations:

a. Increase consumer awareness about use of drugs through special educational programs.
b. Establish a computerized patient drug profile system that would be accessible to physicians and pharmacists.
c. Social Services and Community Health should introduce and fund a system for the monitoring of medication use in the home by public health nurses (could be offered through a geriatric surveillance program and drug profile system).

D. Foot Care

Problems/Issues:

a. There is a serious shortage of podiatrists or other specialists to treat serious problems which results in decreased mobility for seniors.

b. Inavailability of assistance with routine foot care.

Recommendations:

a. Introduce training programs in Western Canada for some level of specialist in foot care (e.g., podiatrists, chiropodists, or podiatric assistants).

b. Train home care nurses and homemakers to provide routine foot care (e.g., through inservice training by podiatrists).

E. Palliative Care

Problems/Issues:

a. Inadequate training of professionals and other service providers in the philosophy of palliative care.

b. Unavailability of special palliative care programs and services.

Recommendations:

a. The Department of Social Services and Community Health and the Department of Hospitals and Medical Care need to introduce policies to develop and fund special palliative care programs throughout the province.

F. Pastoral Care

Problems/Issues:

a. Spiritual care is typically not included as part of total patient care (particularly for those who are institutionalized).

b. Seniors have special spiritual needs associated with the aging process.

Recommendations:

a. Adopt a wholistic care model.

b. Introduce special training courses in pastoral care for clergy and laypersons.

c. Establish pastoral care programs in institutions.

d. Encourage retired clergy to assist in providing pastoral care.

G. Dental Care

Problems/Issues:

a. Denture services for seniors are inadequate.

Recommendations:

a. Develop a "travelling denturist" program.

H. Geriatric Assessment

Problems/Issues:

a. Lack of geriatric expertise in most parts of the province.

Recommendations:

a. Offer geriatric assessment (and treatment) on a regional basis.

I. Prevention

Problems/Issues:

a. The current emphasis is on curing or treatment of a problem after it becomes acute, as opposed to an emphasis on prevention.
b. There is a lack of public health prevention programs oriented to seniors.

Recommendations:

a. Establish public health nursing programs for seniors and/or well-elderly clinics on a province-wide basis.
b. Introduce public nutrition programs (e.g., "Dial-a-Nutritionist", "The Senior Chef" on T.V., etc.).
c. Include nutrition as a home care service.

J. Family Support Services

Problems/Issues:

a. There are inadequate support services for families providing care to elderly relatives.

Recommendations:

a. Expand respite services through the flexible utilization of all existing programs, including lodges, nursing homes, and home care programs.
b. Increase family involvement in the Public Guardian's work.

K. Fragmentation of Services/Continuum of Care

Problems/Issues:

a. More than one ministry is involved in the planning, funding, and delivery of services often resulting in gaps in services or duplication of services within a given community. Coordination of existing services within a community is often poor.
b. A multiplicity of programs and multiple rules of eligibility exist.
c. A multiplicity of assessment processes or systems exist.
d. Current assessment processes are primarily administrative assessments to determine eligibility for a particular program or service (as opposed to functional assessments to determine an individual's needs and care requirements).
e. Serious problems exist with respect to access to programs and services.
f. Inadequate information dissemination with respect to available programs and services.

Recommendations:

a. Establish a *single entry point* for community and institutional services (including financial and support services).
b. Coordination of a whole range of services is required: health, social services, housing, recreational, etc. It is recommended that coordination is better handled at the local service delivery level. Government programs and policies (particularly funding policies) should, however, encourage and foster local level coordination. A "Seniors Ministry" is *not* believed to be the answer to problems with fragmentation or coordination.
c. Establish *regional "central coordinating committees/agencies"* for community and institutional services that would have responsibility for: identifying and developing an inventory of *all* existing services in the region; serving as the entry point for all

services in the region; directing the elderly to appropriate services; assessing the needs of all individuals for programs requiring "pre-assessment", identifying gaps in service delivery and developing directions for program and service development; and, reassessing clients' needs on a regular basis.

d. Establish a central assessment and admission/placement service for community and institutional services.

e. Include a comprehensive functional assessment of the client in the assessment process.

L. Other Problems or Issues

that were identified, but over which there was little discussion, and for which specific recommendations were not proposed, included:

a. Fee-for-service method of payment reflects emphasis on acute episodic care.

b. Extra-billing by some specialists (e.g., opthalmologists) poses financial difficulties for seniors on a limited income.

c. Inaccessibility of physicians (i.e., difficulty in getting timely appointments, inavailability or resistance of physicians to discuss problems over the phone, rushed appointments that do not allow seniors to discuss multiple problems that affect them). Discussion centered around a need for change in professional attitudes.

d. Inadequate institutional accommodation for "special needs" groups (e.g., psychogeriatric residents, younger residents).

e. Inadequate training of staff and inadequate programs within facilities that handle ex-psychiatric and mentally handicapped residents.

f. The present institutional levels of care system often cannot accommodate couples at differing levels of care and results in separation of couples.

g. Client's rights and choices are not always protected.

II. Housing

A. Barriers to Maintaining Housing of Choice

Problems/Issues:

a. The high cost of maintaining one's own home renders it financially infeasible.

b. Physical structures often do not accommodate people with a physical handicap (e.g., people requiring the use of a wheelchair).

Recommendations:

a. Income subsidies and better rebates should be available to seniors, regardless of living accommodation, to enable them to maintain housing of their choice.

b. Establishment of a "reverse mortgage" program to assist seniors to maintain their own homes.

c. Expansion of the "home improvement" grant program to enable renovations to homes, and other facilities, such as churches.

B. Lack of Housing Options

Problems/Issues:

a. Unavailability of options for housing beyond one's own home.

b. Lack of a range of housing options for the rural elderly.
c. Unavailability of nursing home care within the community, in rural areas, requiring that persons be moved out of their own communities to receive this level of care.

Recommendations:

a. Development of a range of alternative housing arrangements, including co-ops and other communal living arrangements.
b. Development of multi-level care facilities providing combined housing and care services in locations which cannot justify providing several types of housing and levels of care separately.
c. Establishment by the provincial government of a per capita grant system, favouring rural areas, to enable development of better housing options.

C. Lack of Sheltered Housing Options

Problems/Issues:

a. Lack of housing that provides assurance to seniors that if something happens help is near, but still fosters independence to the maximum possible extent.

Recommendations:

a. More widespread use of built-in devices, such as electronic alarms which enable seniors to ring for help if necessary.
b. Development of surveillance of "buddy" systems whereby neighbours can check on the frail elderly.

III. Transportation

A. Lack of Transportation for Seniors in Rural Areas

Problems/Issues:

a. Unavailability or inadequacy of transportation services within and between communities, limiting access to essential services and activities.
b. Inappropriate utilization of transportation grants provided to municipalities, due to lack of accountability mechanisms.

Recommendations:

a. Establishment of regional transportation councils to advise on the use of transportation grants, thereby ensuring accountability of funds.
b. Establishment of a transportation task force under the Senior Citizens' Bureau, to examine transportation options in rural areas.
c. Establishment of mobility clubs (e.g., home care and the municipality could obtain a van from a service club, and seniors could operate the service with the use of government transportation funds).

B. Need for Special Transportation Systems

Problems/Issues:

a. Lack of sufficient transportation systems for the disabled.
b. Inaccessible public transportation vehicles (e.g., buses, taxis).

F Summary

Recommendations:

a. Further development of transportation systems for the disabled, age-integrated (i.e., should not be designed to be age specific).

IV. Education

A. Lack of Awareness of Existing Services and Programs

Problems/Issues:

a. Existing programs and services are not being utilized to the extent possible in many areas.

Recommendations:

a. Improved informational resources in the community (e.g., devote a page near the front of the telephone book listing all the service and emergency numbers).
b. Need for knowledgeable and skilled information providers to assist the elderly and their families to explore required services, to maximize effective utilization of services and programs.

B. Aging as a Part of the Total Life Cycle

Problems/Issues:

a. Little attention is given to the aging process as a part of the life cycle.
b. Too many programs and services perpetuate stereotypes of the elderly and increase segregation from other age groups.

Recommendations:

a. Improved "aging" material in school curriculum, integrated with other subjects rather than separated out for attention.
b. Development of intergenerational programs, such as: seniors assisting children with learning disabilities, development of child care programs near senior centers.

C. Stereotyped Images of Seniors

Problems/Issues:

a. Media depict negative traits of seniors.

Recommendations:

a. Encourage positive images – by showing what seniors can do.

D. Consumer Education

Problems/Issues:

a. Poor handling of money among seniors.

Recommendations:

a. Introduce educational programs geared at how to handle your savings".

V. Special Needs of Ethnic Groups

Problems/Issues:

a. Special residential and health care needs of ethnic groups are not addressed.

b. The system is not sensitive to cultural and language differences that may become of particular importance for seniors (e.g., the elderly often revert back to their first language and care givers may not be able to communicate with the individual, or for those who are institutionalized, there may be no one who speaks their language in the facility in which they reside). This lack of sensitivity results in fear and isolation for the senior.

c. The numbers of Alberta's Native peoples who are reaching 65 is increasing dramatically; at the same time, the number of Native people living in urban areas is increasing. By 1985, it is expected that 50% of the Native elderly population will *not* live on reserves, and this will be the group in greatest need.

Recommendations:

a. Introduce special training program/courses for people working with seniors that stress the importance of promoting human dignity (in addition to the provision of physical needs).

b. Include representatives from various ethnic groups in planning and decision making for programs and services for seniors.

c. Fund research to be carried out on the ethnic aging in Alberta (e.g., numbers, types, locations, special problems).

d. Train members of ethnic groups (e.g., Natives) in the health and social service area.

e. Include members of ethnic groups in the delivery of services to their own people.

VI. Employment

A. Retirement

Problems/Issues:

a. Mandatory retirement contributes to attitudes that people are not contributors to society after the age of 65.

b. Many people are not prepared for the changes in life style that come with retirement.

Recommendations:

a. Abolish mandatory retirement.

b. Introduce pre-retirement education programs.

B. Meaningful Work Opportunities for Seniors

Problems/Issues:

a. Many seniors do not wish to work full-time, but would like part-time employment or meaningful opportunities for volunteer work.

Recommendations:

a. Establish "seniors helping seniors" or "recycle" seniors, such as: a) plumbers, painters, clergy, etc., to provide support and services to other seniors; b) involve seniors in programs with children; c) utilize seniors in schools and universities; and, d) develop peer counselling programs utilizing seniors.

b. Encourage seniors to become involved in (or appoint seniors to) advisory councils, committees, and boards that affect government and agency planning and decision making related to seniors.

VII. Fitness and Leisure

Problems/Issues:

a. Unavailability of reading material for people with sight or hearing impairments, in rural areas.

b. Not enough university and community college programs designed for seniors.

Recommendations:

a. Increase supply of large print and talking books with better library exchange programs.

b. Expansion of subsidized programs for seniors in universities and community colleges.

CLOSING SESSION

Closing Remarks: James Pesando

On Monday evening I had pointed out that, with regard to government policy in the retirement income field, there are two well-defined objectives. The first objective, really an anti-poverty objective, deals with trying to impose an income floor for the elderly to guarantee an adequate standard of living during retirement. The second objective is an income replacement objective and deals with an attempt to reform Canada's retirement income system such that still active workers can accrue pension credits which will allow the ratio of their post-retirement income to their pre-retirement income to be above some target level. I also suggested on Monday evening that for those of us involved in the pension reform debate, the controversy is focussed on the income replacement objectives of public policy. In point of fact, the two workshops that were involved with the retirement policy and income support portion of this Symposium tended to focus most of their remarks on the anti-poverty objective of public policy. Now I think that's not surprising for at least two reasons. Obviously, if one is concerned with today's aged or with providing social services to today's aged, the question of an income floor and an anti-poverty objective is a higher priority than the objective of trying to set in place a retirement income system that over time will ensure a higher level of post-retirement income for workers who are still active in their work lives. So what I would like to do today is to very briefly summarize the recommendations of the two workshops that were part of this programme, then step back for a moment and make a few summary remarks about the more controversial question of where the major thrust of pension reform in Canada is going.

Workshop A1, which is how I have referred to it in my notes, made three important recommendations. The first is to draw attention to the position of widows aged 55 to 64 and to recommend that this target group be made eligible for guaranteed income supplement benefits and improved C.P.P. survivorship provisions. In thinking about that recommendation, I feel it important to point out that at present the age of entitlement to GIS is 65. I think it's important for all of us to realize that the age of entitlement to these programmes is not written in stone. On the other hand, I think it's also important to recognize that there are very important resource constraints faced by all levels of government, perhaps particularly the federal government, and so that any policy which suggests reducing even on a selective basis the age of entitlement, although certainly worthy of consideration, is one which is going to be perhaps difficult for the federal government to act upon. I think it's probably more likely, and I think with some degree of confidence it will occur, that improved surviving spouses' benefits through the C.P.P. will in fact ameliorate in part at least this particular problem. But I think it is very important to point out that the workshop identified a group that was under age 65 as an important target for the pension reform agenda. The second principle to which the first workshop committed itself was the principle of inflation protection, for both public and private pensions. I think the exact phrasing was "to preserve the real value of retirement incomes" and "through some appropriate means". This point can't be under-stated in terms of its importance. At an inflation rate of 10%, if you retire with a pension at age 65 without inflation protection, the real value of that pension will be only 39% of its initial value by the time you are 75. That is a dramatic number, and unfortunately, a 10% inflation figure is not one that we can rule out in the foreseeable future. The third observation of the first workshop was simply that there was no agreement within the workshop about whether or not it would be useful to put an income ceiling on OAS benefits. For example, it has been suggested that households who have incomes above (say) $25,000 would no longer be automatically eligible for OAS benefits. The resources so freed would then presumably be targeted towards income support for the less well-to-do post-65. There was simply no consensus in the first workshop as to the merits of this proposal. Participants in the first workshop stressed that better pre-retirement planning and a better understanding of what pension issues are would have been useful to them earlier on. I think that's a very important message to convey.

The second workshop also addressed the question of whether or not one would wish to put a ceiling on OAS benefits in order to free up resources for the GIS. Here there was an unanimous view, and the unanimous view was that OAS is an entitlement item – and there is no reason that this should change. The workshop drew attention to the fact that there already is a tax-back feature in the sense that high income households are in higher tax brackets and, therefore, a higher fraction of their OAS benefits will be paid back to the government in the form of taxes. The second item of the second workshop – a constant theme – dealt with the role of survivors' benefits. There are two insights that I think are worthy of sharing. First, regardless of the way in which the pension reform agenda evolves, I can say with certainty that improved surviving spouses' benefits will be a part of the private pension system. It is interesting that this workshop emphatically went on record as saying that a 50% surviving spouse's benefit was inadequate. The workshop suggested a target figure of 70%. Since I was not in the workshop when that discussion took place, let me simply point out that those who are now advocating mandatory surviving spouses' benefits in private plans, where in many cases they are now absent, always use the minimum figure of 60%. This means that the upside of 70% is certainly not ruled out. For those who feel strongly on this issue, I think there are lots of opportunity for that opinion to be voiced and for that opinion to be heard. The second theme related to surviving spouses' benefits is a continuing concern of the income position of single versus couples in retirement. The workshop is acknowledging a widely cited concern that the single elderly do not receive sufficient resources from public pension programs relative to married couples. It was also noted that most of the single elderly are women. When one talks about trying to improve the income position of elderly women in particular, one should not lose sight of the fact that – further down the road – more retirement incomes of women will be earnings-related, either through the CPP or through private pensions. One must recognize that it is important to put women on equal footing in the labour force, with no discrimination with regard to salaries and job opportunities. In effect, this too is a part of a long-run pension reform agenda, since that's the one way to ensure that the earnings-related component of retirement incomes is more equal between the sexes. The final comment of this workshop was to go on record as favouring the abolition of mandatory retirement. This was not, however, to signal any willingness to contemplate an increase in the age of entitlement to public programmes.

Again, as with the previous speakers, I apologize if I've done any disservice to the workshops in terms of my summary of their views. In my final two minutes, I would like to step back for a moment and comment upon the item that the workshops didn't really address. This is the issue of the income replacement objectives of public policy. There are three proposals on the table. These three proposals, in the course of the next three or four months, will in fact be defined in terms of a government green and white paper. The three options are as follows. First, a considerably shored-up private pension system which will provide improved surviving spouses' benefits, vesting, portability and cost-of-living protection. I think regardless of what happens in the pension reform agenda, this will be an instrumental and important part of reform. It is recognized that if we simply leave voluntary the decision of firms and their workers to participate in private pension plans, it is not likely that all workers would choose to participate. That's probably the fundamental stumbling block that those who are sympathetic to private sector reform must confront. This raises the question of whether, *in addition*, we should expand the Canada Pension Plan or, alternatively, introduce an element of compulsion into the private pension system. In a way I'm disappointed that the remarks that I made on Tuesday morning, and the excellent comments of my discussants, were not picked up in the workshops. Let me refer all of you to the keynote address and to the written comments which I am assured will accompany the package that you receive. On behalf of the panelists, the chairmen of the two workshops, and the recorders, I again thank you for the opportunity to participate in these discussions.

Closing Remarks: V. Marshall (for E. Brody)

I'm sorry that Elaine Brody could not remain through this morning so that she could have had the opportunity to see how her stimulating paper activated the group. This group constitutes a remarkable pool of talent, experience and wisdom, not to mention enthusiasm and good humour. It broke up into sub-groups and then reconstituted itself as needed and in a very efficient manner.

The family can be seen as a major context in which aging occurs. Mrs. Brody distinguishes between the *capacity* of the family to provide support for its oldest members and the *willingness* of the family to do so. About willingness she left little doubt. If an older person in need has kin, those kin are very likely to try to provide assistance. Such assistance can help the older person to remain in the community and, we learned for example, every additional child decreases the likelihood of institutionalization.

Like every other aspect of aging, a key word about the family situation must be "diversity." Some old people are embedded in large structures or systems of family support. *But about one in five persons over age 65 have no living children and another one in five have only one child.* Increasing age leads to the death of one's mothers and sisters and, in the typical case, to 8 or 10 or more years of widowhood for a woman. And so, while recognizing a *willingness* of family members to support the old, we also, in our considerations of *capacity*, were informed by a profound sense of the *fragility* of the family. There was a general feeling that the family is a highly stressed system. This feeling led to recommendations about, for example, enlarged respite care and counselling for care-giving family members.

In a sense, one way this group looked at the family was as a bulwark against institutionalization. Institutionalization seemed to be a spectre haunting people determined to strengthen and support the family so that it could preserve the older person's presence in it. This flavour or tone of our considerations existed even though the high quality of many institutions was recognized. In addition, to an outside observer such as myself, I was surprised that there was no great concern expressed about the very large number of institutional beds in this province.

Despite the fact, then, that over 9 out of 10 people 65+, and 6 out of 10 people 85 plus live in the community and not in an institution, a disproportionate amount of the discussion focussed on institutions and institutionalization. The group recognized that few in it were speaking for the well elderly and that it was a group dedicated in many ways to keeping people out of nursing homes. But perhaps less attention was given to the family system itself than might have been warranted.

Perhaps because family life is so broad and touches on almost everything else we do, the family issues kept leading us to a wide variety of issues – transportation, coordination of services, city zoning regulations, and education of all kinds.

As a final *general* comment, I observed a sense of frustration, bordering at times on defeatism, about bureaucratic entanglements such as those which delay the processing of an infamous form 290, and about failures of previous attempts to affect changes, particularly legislative changes. Undaunted, however, this group came up with a large number of recommendations, 22; (see working group report)

Neglected Priorities

This list of neglected priorities should be viewed as quite personal. I am speaking neither for Mrs. Brody nor for the group on informal supports.

If I were in charge I would give more attention to research gaps. There is a great deal we simply do not know about informal supports. Just as one example, consider migration. We know that there has been a great deal of migration of young working-age people to Alberta from other parts of

Canada. It is also known that, while older people in general are not highly mobile, if they do more, as some are free to do on retirement, they tend to move to live near one of their children. Can we then look forward to a migration "boomlet" of retirees following their children to Alberta? We have only gross data on migration and virtually none on the reasons why people might move. How would any decisions to move to Alberta to be near a child be affected by the comprehensive health and social services benefits available here, or by the expensive housing?

I would like to have seen greater attention paid to the possible demerits of age-based services as contrasted with generic services. Should we provide economic supports to the poor or to the old? If we target services and programmes on the basis of age criteria, we might risk encouraging age-based conflict, or tensions between the generations, and we might fall into the hands of those who would object to the middle, working-age generations bearing a heavy tax burden. This is an area of great controversy in the United States at least, yet it was not considered here.

Our group might have spent more time discussing the family itself as a support system. Instead, discussion ranged very widely over a number of other issues which impinge on family life but are not central to it. This would be important given the strong ideological thrust of government to ask the family to do more in serving its elder members, even though the family is highly stressed and, for some at least of the elderly, virtually nonexistent. More attention should be paid in particular to the family as a support system for the *well* elderly.

In addition, little attention was given to other informal support mechanisms than the family, especially friends, neighbors and community groups.

Many of the suggestions made in discussion urged educational and training programmes for health and social service providers. It has to be asked, however, who is to train the trainers. If you want more social workers to include age-related issues in their counselling, you have to take steps to make sure the social workers know what they are talking about. Well-educated professionals do not spring from the ground; and nor do their teachers.

Finally, I would like to have seen more attention given to how to mobilize political power of older people and of people of all ages (for these are not simply age-based issues but, perhaps especially in the family context, people issues). If one can detect frustration and sometimes despair at bureaucratic tangles and governmental indifference, then more emphasis should be put on how to exercise power at a local and community level.

Closing Remarks: Ewald Busse

I wish to share with you some personal views. The keynote speakers in addition to their opening presentations served as resource people for the various discussion groups that were part of this symposium. I believe I did serve as a resource person, but I also believe that I did learn a great deal which will be very useful to me in the future. The participants in the groups to which I was assigned were highly motivated and well informed individuals. They had excellent understandings of the need and the problem of education and appreciated the complexities of research in gerontology. The establishment of an institute of gerontology for Alberta was discussed. Assuming that the funds are available, I believe that this would be an extremely important undertaking that would make substantial contributions to both research and education. I strongly support this development, but I sincerely hope that it'll be very carefully planned and that its objectives be clearly understood particularly by those individuals who may become part of a governing board or the staff of an institute of gerontology.

I express this caution because I have seen some unfortunate failures when attempting to create and develop an institute or a center for gerontology. In trying to understand why such efforts have failed, I believe it is particularly important to pay attention to staff selection. Key staff members should be recognized scholars and scientists. They should have demonstrated the capacity to work effectively in a multidisciplinary setting and they must have the resources – including space, personnel, and funding – to work effectively and achieve stated objectives.

It is my opinion that a new institute requires a critical mass of competent people. Furthermore, the initial charge to such an institute should be relatively simple and focused. Furthermore, I believe that an institute of gerontology is much more likely to succeed if it is on the campus of a university and part of the academic environment. There are, of course, exceptions, for example, the National Institute on Aging located in Washington, D.C. Although it has no formal university connection, it does provide a scholarly and scientific environment that closely resembles that found within a university.

The education of the professional person who works with the elderly is a complex problem. I believe that Alberta has the capacity to put in place very adequate educational programs. I do not believe you should depend upon using training programs based in other parts of Canada, the United States, or Europe. One of the first educational problems that must be addressed is the training of individuals who are associated with long-term care including long-term care institutions and nursing homes. Unfortunately, many individuals who currently work in such settings are not basically well educated and do not have an orientation that is necessary for continuing learning. It is quite possible that we are unable to alter this situation regarding the source of these workers; consequently, it is our responsibility to try to motivate them and to develop an educational approach which will interest them and involve them. If we are unable to do this, it will be necessary to restructure our system by introducing workers who are interested and willing to learn.

Let me conclude by saying that I have learned a great deal in this conference. The people who were associated with the research and education section were an experienced, diversified group. It is true that they had different opinions, but they were able to share them and to explain and defend their views. It was a very stimulating experience and I appreciate the opportunity to be part of this very important Alberta Symposium on Aging.

Closing Remarks: Grant Davy

The group on Advocacy and Self-Determination confined itself almost exclusively to Advocacy, perhaps because of my own major emphasis on that aspect. There were three clear recommendations or resolutions made by the group. The first was a recommendation that the Provincial Senior Citizens Advisory Council, which to this point appears to have held only closed meetings and only in Edmonton, should hold open meetings at several major centres throughout the province. I trust I am correct in passing along the information that the Chairman of the Advisory Council, Mr. Duncan Rogers, has already indicated support for this recommendation. The second urged the Provincial Government to proceed with the establishment of an Institute of Gerontology – first recommended by the Advisory Council in 1977. There appeared to be some confusion among members of the group on the functions of the Institute – at one stage the proposed Office of an Older People's Advocate was seen as part of the Institute. While I have not explored at length earlier proposals about the Institute, my appreciation is that its major functions would be confined to research and education – and that it would not be an agency to beat on Mr. Lougheed's door to secure, for example, better housing for older people. The third recommendation was to support the creation of an Office of the Older People's Advocate somewhat along the lines suggested in my paper, including the proposal that the Provincial Government fully fund the Office in much the same way as it funds the Office of the Ombudsman and as other provincial governments and governments in other countries fund the functions of ombudsmen and of advocates. Some participants wondered why the government should fund an agency whose major function was to hammer away at the government for better services – but this has already been done, in a sense, for the Ombudsman with the result that it has taken some of the heat off governments – and, at times perhaps, contributed to more government irresponsibility.

A couple of other matters touched upon in my paper were discussed but not formulated as recommendations. There was considerable reference to "net-working", a term with which I am not familiar – but I gather from what was said in the groups and from the comments of the first speaker this morning that it refers to the need of seniors' organizations, if they are serious about participating in their own affairs, to tighten up their organizations, to stop fighting amongst themselves and, perhaps, to reduce the number of organizations. If I were a politician I would be delighted to deal with a group of people who had almost as many organizations as they had members – because that would ensure that I would have to do nothing. I am persuaded that the only way you older people in Alberta and in the other provinces are going to establish meaningful network arrangements, given the plethora of organizations, is to take yourselves by the back of your necks and shake yourselves – and not mistake the meaning of democracy by thinking that you have to spend the next several generations starting re-organization at the grassroots level. That may sound autocratic, but the most successful democracies from time to time have had to resort to a form of elitism in order to succeed. There was little reference to tightening up the provincial organization along the lines proposed in my paper, yet without a strong central organization in the province to support the Advocate and to liaise with the smaller groups throughout the province, not much can be accomplished. There was almost no discussion, and certainly no resolution, about a national organization – perhaps because of the peculiar political ethos in Alberta. Nevertheless – and you might not believe this for Alberta because of your wealth – in other provinces and down the road in Alberta, older people are going to be in trouble unless there is a tremendous pressure on the federal government to maintain levels of direct grants to seniors under the various income programs and indirect grants to seniors through propping up the poorer provinces financially and by passing legislation to ensure that all the provinces carry out their obligations to older people.

The lack of discussion on Self-Determination can probably be blamed upon me because so much of my paper was devoted to Advocacy. Yet, if you should ever have the time and strength to read my paper in its entirety, you will find that I give higher priority to self-determination than to advocacy. Far from individuals working to do for themselves most of the functions referred to under Advocacy, there is a tendency for many of us, when the chips are down, to leave it to others. This failing is by no means confined to older people – I belong to an organization committed to mutual self-help and where verbal commitments are made with much gusto – yet all too often when work has to be done, most are too busy. Not only is self-determination necessary and vital within organizations whose functions are primarily to get things from governments – but it is even more important outside the public sector as, for example, in the sort of older people's co-operative to which I referred in the paper.

The one major disappointment for me was the lack of interest in the major thesis which underlies my whole approach to the problems of older people – and, obviously, much of the blame here again lies with me for not making my point clearly. Despite the reservations expressed by some of you, I remain committed to my pre-occupation with those older people who are deprived or potentially deprived – rather than with all older people, especially the some 30% who are wealthy and suffer no deprivations. Most deprived older people arrive at the status of deprivation not at age 65 – indeed, many of them have been deprived all of their lives. I continue to believe, despite little if any support for the proposition at this Symposium, that the greatest single contribution older people's groups can make to the elimination of deprivation is to take the initiative in the development of co-operation with other groups of deprived people of all ages. This will contribute to the prevention of what I do not consider to be a serious threat – although much is written about it – intergenerational hostility. But I prefer to put it on a more positive basis; you are ultimately helping yourselves in doing this, but you are also helping a lot of others who don't have the high profile you have. Retarded people, psychiatric cases, single mothers – are often looked down upon much more than are older people. Great concern is expressed about the negative stereotyping of older people – yet the stereotypes about these other deprived peoples are much worse.

Finally, with regard to the Symposium itself, I have been openly critical about it because I think it reflects in a sense, some of the very organizational difficulties generated by the plethora of older people's organizations represented here. I tend to be hard-nosed about such matters – I came here to deal primarily with political aspects of your problems, yet on the first day of group discussions there was almost no emphasis on that aspect. If I were running the discussions, I would crack down on those like myself who run over time and I would crack down on those who cannot or will not confine their remarks to the topic at hand. There is only limited time available and it is wasted when discussion is not structured and directed. Nevertheless, I am thoroughly delighted to be here – this is the first time I have attended a large meeting of and about older people except for the short time I spent at the meeting in Red Deer a couple of years ago. I want to say a special vote of thanks again to Mary Engelmann who has done such a great job over the years for you people in this Province. Thank you very much.

Closing Remarks: Harry Moody

A question deserves to be considered – to what extent is Alberta unique? To what extent are we inventing the wheel here or to what extent is Alberta really breaking a path that, because of its unique resources and situation, is able to chart directions that may be of use to all of the provinces in Canada, and certainly to the United States and other countries? Another issue that I think deserves reflection is priorities. What often happens is that we get a whole laundry list of recommendations – which are more important, which are less important? It's very hard for groups to make that kind of decision but at some point somebody has to order those recommendations and think about why some are more important than others. A third question that has occurred and it seems to come up going across groups, is why do myths persist? We've heard a lot about the myths of the abandoned elderly, we've heard a lot about myths of old people being dependent, and so forth. Why do these myths persist? It seems to me that we haven't adequately asked that question. And unless we ask that question I don't think we're going to get answers that are going to be helpful to use for the future. A fourth area I think that is cross-cutting – and this brings me to the second part of my comments here – and that is the difference between utopian and incremental reform. What do I mean by that? Well, one can't go to conferences on health care or aging without hearing about prevention and how important prevention is. Whose job is prevention? Is it my job? In terms of health care preparation for the future, we seem to find it very difficult to get people to take seriously their own health care twenty or thirty years down the road. Why is that? Is this really utopian? Or is it incremental? By incremental I mean things like snow-shovelling and foot care and working with church groups. Maybe utopian ideas like preventive health care could be made incremental, but it seems to me that in our deliberations we have to distinguish between what are essentially bright ideas, good ideas but perhaps utopian ideas and those that are incremental, those that we can put into effect within the next month or the next year.

Having said that I want to just call attention briefly to a series of polarities or contrasts that I saw coming up again and again in the sessions that I visited. One of them was aging as a life-long process versus the people who are old today. Again and again we keep coming up with this theory that we should engage in life planning early on, we should prepare for the future. Why don't people do that? What is it that prevents them? Will it really be possible to put this kind of curriculum into the public schools as is advocated? Second, independency versus dependency – one of our groups came up with what they called "the three i's" – Independence, Integration and Involvement. I suppose they're against the three something-or-others – dependence, segregation, and passivity. Again, I'm sure that we all endorse these three I's – independence, integration and involvement. Where do we go from there? Life enrichment came up again and again. Versus what? Who could be against life enrichment? Well maybe some people could because life enrichment sounds like you need to have your life enriched which sounds suspiciously like a form of elitism – and that came up as an issue with respect to another duality – namely the middle class versus the working class. Who are we preparing programmes for? In fact, are we preparing programmes? Is this an exercise in democracy? Or is it an exercise in top-down planning? Well, clearly, this Symposium is a democratic venture, but it came out again and again that democratic ventures may involve what somebody called bickering. It's time-consuming, it's much quicker to engage in top-down planning.

And that brings me to another point that came up – the needs of professionals versus – it doesn't have to be versus but it might be – the needs of clients. One of the people in our group, a social worker, mentioned the example of a nursing home where he'd been working where people came down to dinner an hour or an hour and a half before dinner was ready and they waited on seats around the area there, waiting for the dining room to open – and the staff got very nervous about this. They said we have to get some activities for these people – and so they developed the whole activities programme. What could be more natural than to fill up this empty time? Finally one lady said to him, "Please, I just want to be left alone." Now professionals need to show numbers; they need to show results, and I'm not saying that this is malicious: it may be benevolent. But here again these may not be the same thing, the needs of the clients and the needs of the professionals. Changing attitudes versus just moving ahead. Professor Davy has questioned whether or not we really can change attitudes – maybe we need to change people's activities and then the attitudes will change later on. I'm on the side of Professor Davy because I think we have to just barge ahead and the attitudes will change in due time. Of course, it's not that simple. I mentioned already the business about curing diseases versus maintaining health as a duality. Doctors have a job of curing diseases – they often do the job well. I go to my doctor when I'm sick. I don't go to my doctor when I'm healthy and again I come to the question, whose job is it to maintain health and where are we going to locate that function in society? Whose job is it going to become?

Another issue – we contrast disengagement with activity – and again of course everybody comes down on the side of activity. We are not in favour of disengagement. I think it's the wrong contrast. I think the real contrast is the contrast between interiority and outer involvement – and that came up in some of the groups in terms of the question of spiritual needs, biography, life stories, things like that. But I think it's a false contrast – disengagement versus activity – I think the real contrast is interiority – the cultivation in a sense of my inner life versus just going on and on in an outer path.

Another duality – public versus the private market. In my keynote address I came down very harshly on the private market place. But after I heard some of the deliberations, I began to wonder whether we should have two cheers for capitalism. After all, someone who promotes packaged vacation tours, if they don't deliver the goods, bye-bye vacation tour. And so there may be some real virtues to the private market and that of course raises the question of how far public, how far private.

Another issue, another duality coming up again and again – image versus reality. I was having an interview yesterday with someone from the media and I said the media have a job to do and the job is to help challenge stereotypes. But again I wonder whose interest is it to perpetuate those stereotypes? In the U.S. we have all kinds of stories about what they call "granny-bashing" and people beating up on their elderly parents, and crime and the elderly. We've got half our population terrorized for things that may or may not be entirely real. But again, whose interest does that serve? I think that's the question we have to ask here. This Symposium has raised a lot of issues. Of all the things – and maybe this cuts across the utopian versus incremental distinction – the biggest surprise was to see how much is already going on, right here, out in some prairie town or in the middle of a city, or wherever, whether it's job groups, the 40+ clubs that help other people get jobs, or health clinics, or exchange of services. Many times this re-inventing of the wheel, we've already invented it, it's out there, and utopia, what belongs to tomorrow, has already come to today but we haven't discovered it yet.

Closing Remarks: Louis Skoll

In the next ten minutes I am expected to do three things; viz:

I. To comment on the major resolutions of the group which discussed the topic "Needs and Related Services".

II. To review the thrust of my own keynote address in the light of that discussion. In other words, with the wisdom of hindsight, would I like to consider changing, its emphasis or presenting my views in a different way?

III. To state what I consider to be the most urgent priorities for the near future, as well as what I think of the Symposium itself.

This is a tall order, but let me see whether I can fill it:-

I. The Major Resolutions of my Group

The primary goal in planning services for seniors is to help them enjoy independent lives within their communities, for as long as is practicable. Accordingly, most, (though by no means all), of the discussion centred around ways and means of improving and enriching various kinds of community support services.

The main recommendations will now be stated in summary form. I believe, that when the proceedings of this Symposium are published in due course, they will be described in greater detail. They were:–

1. Integration of health and social service delivery systems with a single point of entry.
2. Improvements of various kinds in existing home care services.
3. Local resources – home maintenance and support grants to be expanded and enriched to enable people to remain longer in their own homes.
4. Transportation
    - a high priority
    - grants to be earmarked specifically for these services.
5. Housing- provide alternative choices
    - increase range of subsidies available to enable people to remain at home longer.
6. Health Services
    - palliative care programs throughout the whole province are needed.
    - better supervision of drug usage by the elderly by PHN's and the use of computerized patient drug records.
7. Spiritual care
    - an important element in "holistic" care.
8. Sensitivity to particular ethnic and cultural needs.
    - services above all to be person-centred, individual, flexible, sensitive.
9. Foot care services
    - badly needed throughout the province
    - training facilities for the western provinces for chiropodists and chiropodist aides.

II. Review of my Keynote Address

If I were to redraft it I would probably consider doing the following:

1. I would stress that the demographic trends we are experiencing will be producing profound changes in our society. For the first time in human history the young can be reasonably certain of one day becoming old. *Life must be viewed as a whole continuum of which youth and middle age are but parts.* This *whole* view of life has implications for all segments of our society. It also means that besides training health and social work personnel in gerontology, we must also make such training widely available to a diverse range of people such as our political masters, architects, urban and corporate planners, transport officials (including bus drivers), clergymen, recreation and sport people, and so on and so on.

2. I would stress that approximately 80% of those over the age of 65 are functionally quite well and do not require our help. About 15% are the precarious elderly who need community and support services to enable them to continue to live in their own homes. Only about 5% are so physically and mentally disabled that they require more or less permanent institutional care. We must not automatically equate old age with illness, dependency and problems, as our group discussions, by and large, seemed to imply.

III. A. What Are The Most Important Immediate Priorities In My View?

1. I think we are missing a great opportunity by not paying much more attention to *prevention* in its many forms by keeping people well. What are we doing for example, for the 80% of seniors who make up the "well-elderly" – what are we doing to keep them well?

   Some possibilities -

(i) well-elderly clinics – hearing, vision, drugs, nutrition, blood pressure checked. We can often ameliorate what we cannot prevent or cure.

(ii) lifestyle and fitness programs – (physical and mental "stretching") – (booklet – Fitness for Older Adults)

(iii) prevention is comparatively low cost.

2. Seeking the most effective ways and means of *involving seniors in decisions affecting them*
   - feedback about existing programs
   - advice on new initiatives
   - helping seniors to tighten their organizations to enable them to make their views known to the powers that be.

3. Effective planning and program development requires *close coordination with government and between government and the community.*

4. *Stress dignity, self-respect and self-help where possible, individual differences and sensitivity* as a basic requirement of all programs and services.

5. Whenever possible, seniors should receive *services from mainstream programs and delivery systems* and should *not* be segregated.

III. *B. Comments On The Symposium*

Well organized, well structured, though perhaps there would have been some virtue in providing for delegates to hear *all* the keynote and discussant addresses. I was impressed by the general level of concern and compassion displayed by all people in our group. All participated, all were enthused and positive. We all learned from one another and we were all inspired by one another.

My sincere thanks for having been invited to participate and to share in a great experience. May I express my congratulations and appreciation to all concerned.

Closing Remarks: The Most Reverend E. Scott

It was over a year ago that I agreed to give a summary wrap-up address at this Symposium. As I read copies of the addresses of the keynote speakers which I received ahead of the Conference, as I listened to the summary presentations on the Monday night, and as I listened to the reports from the twleve groups in the six sections last night, my mind kept returning to a story which I had heard an Albertan senior known to some of you, Archdeacon Cecil Swanson, tell many years ago. There was a King in the Middle Ages who had won a very important victory in a battle that took place in the middle of winter. To celebrate the victory, he invited all and sundry to a great victory dinner. Among those invited was the Mother Superior of the Convent in a valley not far from the castle. The evening was a festive one with an ample supply of good food and the wine flowed very freely. At the close of the evening, the King looked around for someone to escort the Mother Superior home. The only person he could find who was still steady enough on his feet to undertake the responsibility was the court jester. Having received his instructions, the court jester set out to escort the Mother Superior down the hill to the convent. But it was cold and slippery and they had not gone far before the jester's feet slipped out from under him and he did not stop sliding until he had knocked the Mother Superior's feet from under her, and she fell atop of him. Whereupon the jester's comment was, "Madam, this is 'virgin' on the ridiculous!"

To try to give a summary wrap-up to this conference is 'virgin on the ridiculous', but fools rush in where angels fear to tread so here we are!

I want, first, to thank the planning committee for the opportunity to participate in this Symposium in which I have been able to listen to the addresses of keynote speakers, to move from group to group listening to and occasionally taking part in discussion, to speak with many individuals about particular questions, and to hear reports from each of the six workshop areas. It has been an enriching experience and the knowledge that I had to make these closing remarks has added a degree of responsibility and discipline to my participation which might have been lacking if I had only been invited to sit in as an observer.

I am aware that it is sometimes recommended to speakers at conferences to do three things: to tell people what they are going to tell them, then to tell them, and then to go on and tell them what you have told them. We have to some degree, done that here and it is useful to do. But, I have decided not to try to tell you what you have been told or what you have told each other, as a summary, because I do not believe this is either necessary or useful. Instead of this, I want to do three things.

1. First I want to make some general comments about the conference and some of the things I have seen and observed as I have participated in it and reflected about it.
2. Then I will emphasize some of the points that have been made which I believe are of particular importance and that ought not to be forgotten.
3. Finally, I will share some personal reflections about some factors which I believe lie before us and which we have touched upon or alluded to, but which I feel have not yet been fully recognized, and which I am convinced will require careful consideration. Any consideration after this point will be in the future.

Some General Comments

It was some twenty years ago when I was on the Executive of the Social Planning Council in Winnipeg that I first became deeply involved in concerns for older people. A study of the needs of this group in Winnipeg had been made, and plans for action were developed which led, among other things, to the formation of the Age and Opportunity Bureau with which I had very close contact for the remainder of the time I lived in that city. When I reflect upon the level of concern and the public attitude which existed then, compared to the pattern of services here in Alberta outlined in the summary of services prepared by the Senior Citizen's Bureau, and in the light of the papers presented by keynote speakers, the response of panelists, and the discussion of all who have been involved in this Symposium, the change seems almost miraculous! An incredible amount has been achieved in the last two decades. But perhaps the even more miraculous thing is the recognition that much more remains to be done. The refusal to rest content – the refusal to allow governments to rest content or to avoid responsibility by simply referring to the economic restrains, and the obvious determination and commitmtent to achieve more, are wonderful to see. These are things that keep a community and a nation strong.

One very obvious difference between the 1960's and now is the active involvement in this Symposium of many of the older people themselves. This "participation" factor is of fundamental importance, and what a positive factor it has been! It has resulted in direct criticism when there have been tendencies to slip into academic discussions unrelated to the experienced needs of the older people. It has time and again made us focus on particular reality situations and to recognize that policies should be designed not just to be neat and tidy and serve the needs of the bureaucrat and make life easier for those rendering service, but to help meet the needs of the older people themselves. As I have sought to listen carefully, it has often been the comments of older people that has led me to detect the continuing existence of the "we/they" attitude which, for decades, has been far too prevalent in the relations between professionals and the people they are supposed to serve. This attitude, like pride, is an extremely subtle thing which so often creates dependencies rather than enabling people to grow and develop and be "subjects" of their own lives, which is surely the goal we should be seeking. I will come back to this later.

A third general reaction is that I sense a growing maturity of approach. There is both a strong vision of what might be, and what ought to be, but there is also a growing recognition of financial restraints, a growing recognition of the complexities of the issues which must be faced, and the recognition of a need for a wide range of co-operating services. There has been the obvious excitement of individuals about the area of work in which they are engaged; there has been the deep concern of individuals about particular problems they are facing, but the tendency to want these particularities to become a key focus of the whole Symposium has, for the most part, been rejected. The planners have made a real effort which, I believe, has been supported by the participants, to achieve a much more holistic approach. But here I want to remind all of us of an ever present tendency. It is much easier to give expression to a holistic approach when we are gathered together from many different areas of concern and many different services, than it is when we get home under the pressure and demands of our work in the political realities of our own agencies and communities. I hope that this concern for, and recognition of, the need for a holistic approach will have become rooted so deeply within us that it will affect our attitudes and practices when we are at home base, so that we are able to influence the attitudes and practices of the agencies we represent, and of the communities in which we live and work and have our being. Then we will be able to move towards achieving a holistic approach in practice.

Another area of "restraint", quite different in character but equally real, is that imposed by the realities –the givens –of life itself. This is most clearly seen in the facing of the fact of death. Our culture has tended, in so many ways over the decades of this century, to try to hide this reality. Here we have been able to talk about palliative care units, about helping people prepare for death openly. This has not been comfortable for many of us, as I have seen on the faces of many when this topic was raised, but I believe the willingness to face this reality, this restraint, has been much greater here than in many other gatherings related to aging that I have attended. I believe this is a very positive achievement becausel believe we are only free to live fully when we have faced the reality of death which is part of living. But enough general remarks.

Key Points of Particular Importance

Here I have to be selective. I am trying to focus attention upon common concerns which were reflected in all six work groups and identify emphases which were present throughout this Symposium.

(a) The need for strategies for action

What do I mean by this? I believe a strategy for action involves the analysis of situations to identify key issues, the attempt to understand the issues fully, the development of a plan for action, and the mobilization of the resources to carry that plan forward. Strategy is required in relation to life within agencies, life in local communities, in regions, and also at the macro level of government policy formation. I contend that citizens have a right and a responsibility to work and try to make sure that government policy reflects their concerns. I believe that in developing a strategy, at any level, it is good to pose the following three question to ourselves:

> What can I, or we, do ourselves to achieve the goal desired?
>
> What can I, or we, do in co-operation with other concerned persons or groups, to achive the goal?
>
> What aspects of this goal can only be achieved if other bodies take action and how can we help in getting them to take the necessary action?

I believe the questions should be posed in this order, if we are to remain independent and self-reliant, the subjects of our own futures, not the objects. I do have a deep concern that many groups tend to jump far too quickly to the third question. I believe there is a necessary and rightful place for government action, but I believe we want to live our own lives, and to exercise control over government rather than be controlled by government. This requires eternal vigilance, and also a constant accepting of our own responsibilities as well as a claiming of our rights.

In strategy planning which involves decision making, we need to recognize that there are two central ingredients –hard data and values. We need data. We need research if we are to make responsible decisions. But decisions are never based merely on data. They always involve personal values and we need to be much more frank and open about this. We need to know and to be willing to declare our own values and encourage others to do the same so there can be an inter=play, an inter=action, between persons and groups. This can be a creative process. It is not those who agree with me who help me grow and develop. It is those who can accept me, take my position and concerns seriously, but still challenge and push. This, I believe, is an essential process in a society which is becoming more pluralistic. I believe we are in, and will continue to be in, such a society. I believe it is the kind of society God intended when He created a world containing such a multitude of variations. I believe we should rejoice in pluralism. How dull it would be if we were all alike!

(b) The need for co-operation between private and public sectors

The recognition that we need co-operation between the private and public sectors both is necessary. The Symposium, I believe, affirmed the conviction that we need more and more to recognize in the private sector not only the importance of the personal and family grouping, but also the vital place of mediating groups – the voluntary groups in society which, I am convinced will have an increasingly important role in the days that lie ahead if we are to develop a more human community. They have vital roles in relation to all life stages.

(c) The need for variety of choice and for participation

The importance of a variety of options, of the importance of choices, of co-ordination of services and of the participation of the people concerned in the development and implementation of both policy and services, was emphasized. Here we are affirming the importance of pluralism – of variety, and of older people sharing in both policy making and program implementation.

(d) The need for support

The recognition of the importance of care for those in need, and also for the care givers at informal and formal levels, personal and professional, was emphasized. Everyone of us needs a support group, a reflection group which both accepts and also challenges. We each need to take some responsibility for developing our own support groups and we need to help others to do the same, for all human beings need support and challenges. We need communities which are mutual in which we both receive and contribute, challenge and are challenged. One of the very positive contributions of this Symposium is that it has been a period of mutual support and challenge for many of us.

The Symposium recognized the need to develop a greater emphasis upon preventative action, upon sustaining the health, both of persons and of communities. In many ways, the various workshops were pointing to this need, but I am convinced this aspect calls for a much more direct focus of attention than it has been receiving up to now. We need much more preventative health care, health education, life-long learning and education for all the stages of life.

In general, the Symposium recognized the need for action, both in terms of the attitudes of society, of care givers, and of families, but it also recognized the need to identify particular areas where specific action was called for, eg. economic needs of singles, particularly single women fifty-five to sixty-five.

Personal Reflections

Symposium members talked directly in the work groups on advocacy, and indirectly, in all the other work groups, about "power". Power is a reality, a necessity. We cannot have an agency or a society without it. Power is not necessarily, as some seem to feel, evil. Let us reflect a little more on power.

We all represent power – our time, our energy, our insights, our resources– all constitute power. How do we use the power we represent? Consciously or unconsciously? For positive goals? For blocking? We can and do loan or borrow personal power as we live in society.

At this Symposium, new insights, new possibilities, have been suggested. When we get back to our place of work, how are we going to use the power we each represent personally in relation to the following:

the insights we have shared?
the co-ordination of services?
the evaluation of assessment procedures?
the support for action for those in particular need?

Will we allow the power we represent to stand idle, and so be diminished? Will we use it to block possible action? Or will we use it to facilitate new developments, to focus on particular actions to achieve particular goals? Many conferences and symposia stop at being interesting gatherings for a few hours or days. We have all been to gatherings like that. If they go beyond this, it is because people have made the decision to use the power they represent, personally and collectively, to bring about new development. So a vital question is, "Will this Symposium have made any difference to the way you and I use our power when we get back to our workplace?"

In a variety of ways, at this Symposium, we have touched upon an area which I am convinced we are being forced to consider more deeply by the realities of our world today. That is our understanding of ourselves as human beings. Here we face the whole area of "meaning".

In the keynote addresses there were some direct statements related to this realm, revealing some different contexts in which we viewed issues.

Let me illustrate to raise questions, not to judge:

> Inadequate income is, without a doubt, the most significant problem facing the senior citizen today. Indeed, it can be argued that by alleviating poverty, many of their other problems would, in fact, disappear.

Is this "most significant problem" and "the many others that would disappear" if it were solved, only a factor in a "life that is a preparation for something that never happens"? If so, will "meaning" be maintained?

Again, is Maslow correct when he says that there is a hierarchy of values in existence and if needs are solved on one level, new ones arise on another level? Are there not problems of a different nature experienced by people whose income is adequate?

What I am getting at is that I believe we live with conflicting images of what it means to be a person. The conflict is not simply between groups of people who take different views, but it is, in part, a conflict within each of us. To over-simplify, to help us understand what I am trying to say, let me set two views about persons over against each other.

1. The first view

Human beings are primarily units of production or consumption. Their value is in what they do, what they produce, what they own, what they possess. This is a central view of our culture. It emphasizes the Gross National Product, income levels, material possessions. It is the view which underlies most advertising.

2. A Second View

Human beings are relationship beings who find meaning through their internal integration; in their relationships with nature; their relationships with other human beings, and their relationships with that which transcends who we call God. Human beings can and do experience meaning and wholeness through their relationships, and not just through their possessions.

I would contend that our culture, which focuses on the first view, tends to cast its functional relationships in non-personal terms which leads, all too often, to treating people as things, things to be controlled, to be manipulated, to be made dependent, rather than as beings with whom to enter into relationships. Can a culture that sees persons primarily as units of production or consumption long survive? Can it really provide meaning for the aging? If we are concerned about meaning in life, about our own progress through the life cycle, with finding satisfaction, fulfillment and meaning, do we not have to reflect at greater depth upon what we are, and what we are becoming? Do we not have to explore and question, inwardly and outwardly, what we are?

I would contend that our experience affirms that we are "relationship" beings who will only find meaning and sustain meaning through all of the life cycles, including death, when we focus attention upon relationships – with ourselves, with other human beings, with nature and with that which transcends, whom we address as God.

I believe we only grow old graciously when we are involved in meaningful relationships and we need to learn to cultivate them early and to go on cultivating them throughout the whole of life. This is why love, justice, righteousness, respect, are so important. It is. It is part of justice. But it does mean that we need to set economic concerns in the more inclusive area of relationships. We need to seek solutions to the economic issues in a way that recognizes and affirms the central importance of relationships, in a way that affirms human values. It does, I believe, call us to take charge of our own lives and to simplify them. "Simplify-ing" our lives does not mean taking things away, but rather clearing away whatever is not of value in order to replace it with something which is truly valuable. "I believe an adequate income for all, including senior citizens, is fundamentally necessary. I believe an adequate income for all, including senior citizens, is fundamentally necessary and should be worked for, but not as an end in itself. It should be worked for to enable people to become more fully 'relationship beings'."[47]

This approach does not remove questions, does not stop our exploring. In fact, relationships are always dynamic things. In the words of T.S. Elliot quoted by one of the keynote speakers:

> We shall not cease exploring
> And the end of all our exploring
> Will be to arrive where we started
> And know the place for the first time.

To arrive where we started and not only know the place, but to know who and what we are, not just beings who have economic needs but creative beings, of infinite worth, people capable of life giving and life sustaining relationships, with ourselves, with our fellow human beings of all ages, with nature and with the "I Am". Even as we explore, we can experience the life and meaning that flows from relationships. These are the things which make life good and exciting.

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[47] "Taking Charge" - American Friends Service Committee

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